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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90133 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001971**

1. Corporation Name  
**SII INVESTMENTS, INC**

Principal Place of Business <b>1428 MIDWAY ROAD                  MENASHA WI 54952</b>	Mailing Address <b>P. O. BOX 5097                  APPLETON WI 54913-5097</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 PO BOX 449</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 MENASHA WI</b>
Zip <b>24</b>	Country <b>30 USA</b>
Country <b>25</b>	Zip <b>29 54952-0449</b>

3. Date Incorporated or Qualified <b>04/19/1996</b>	
4. FEI Number <b>39-1099262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECK, WILLIAM  
 4190 BELFORD ROAD  
 #450  
 JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name <b>DONALD E. WALLACE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1800 SECOND STREET SUITE 882</b>
83 City <b>SARASOTA</b>
84 State <b>FL</b>
85 Zip Code <b>34236</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **DONALD E. WALLACE** DATE: **4-21-99**

Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VP	NAME JOHNSON, PETER M	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS P. O. BOX 1249 N/A	CITY-ST-ZIP OSHKOSH WI 54902	
TITLE P	NAME CONLON, MICHAEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS N255 MEADOW BREEZE CT.	CITY-ST-ZIP APPLETON WI 54914	
TITLE D	NAME WELLS, MIKE	<input type="checkbox"/> DELETE
STREET ADDRESS 5901 EXECUTIVE DR.	CITY-ST-ZIP LANSING MI 48911	
TITLE D	NAME SIMON, JIM	<input type="checkbox"/> DELETE
STREET ADDRESS 5901 EXECUTIVE DR.	CITY-ST-ZIP LANSING MI 48911	
TITLE D	NAME HOPPING, ANDY	<input type="checkbox"/> DELETE
STREET ADDRESS 5901 EXECUTIVE DR.	CITY-ST-ZIP LANSING MI 48911	
TITLE D	NAME CLIFFORD, JACK	<input type="checkbox"/> DELETE
STREET ADDRESS 5901 EXECUTIVE DR.	CITY-ST-ZIP LANSING MI 48911	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOHNSON, PETER M	
1.3 STREET ADDRESS 1428 MIDWAY RD	
1.4 CITY-ST-ZIP MENASHA WI 54952	
2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME JAMES P. MILLER	
2.3 STREET ADDRESS 1428 MIDWAY RD	
2.4 CITY-ST-ZIP MENASHA, WI 54952	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Peter M. Johnson, President** DATE: **4-23-99** DAYTIME PHONE #: **(920) 954-2727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)