2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 06, 2001 8:00 am DOCUMENT # F9600001971 **Secretary of State** SII INVESTMENTS, INC 03-06-2001 90354 021 \*\*\*150.00 Principal Place of Business Mailing Address **428 MIDWAY ROAD** P.O. BOX 449 MENASHA WI 54952 MENASHA WI 54952-0449 2. Principal Place of Business 3. Mailing Address 5097 *5555* P.O. Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 39-1099262 PPISTON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALLACE DOLNALD E THE-WALLACE PLANNING GROUP 1800 SECOND STREET, SUITE 882 SARASOTA-FL-34236 -8. The above named entity submits this statement of the purpose of charging its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) d title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 PRESIDENT TITLE ☐ Delete TITI F DHUSON, PETER M. JOHNSON, PETER M NAME NAME 5555 GRANDE MARKET DR. 1428 MIDWAY RD-STREET ADDRESS STREET ADDRESS APPLETON, WI 54913 CITY-ST-ZIP MENASHA-WI-54952 CITY-ST-ZIP TITLE K Change TITLE ☐ Delete ☐ Addition MILLER, JAMES P NAME MILLER, JAMES P NAME STREET ADDRESS 1428 MIDWAY RD STREET ADDRESS 5666 GRANDE MARKET DR CITY-ST-ZIP MENASHA-WI-54952 CITY-ST-ZIP APPLETON, WI SHG13 TITLE 🌠 Change Delete TITLE ----DIRECTOR --- ☐ Addition WELLS, MIKE NAME NAME veus, mke 5901 EXECUTIVE DR. STREET ADDRESS STREET ADDRESS ICOPPURATE WAY LANSING-MI-48011 CITY-ST-ZIP LANSING, MI 4895 CITY-ST-ZIP DIRECTOR! Change Change ☐ Addition TITLE ☐ Delete TITLE SIMON, JIM SIMON, JIM NAME NAME 5901 EXECUTIVE DR. STREET ADDRESS I CORPORATE WAY STREET ADDRESS CITY-ST-ZIP LANSING MI 48911 CITY-ST-ZIP ANSING MI 4895 PIRECTOR ☐ Addition Change TITLE □ Delete TITLE HOPPING, ANDY HOPPING, ANDY I CORRORATE WAY NAME NAME STREET ADDRESS 5901 EXECUTIVE DR. STREET ADDRESS LANSING-MI-48911 CITY-ST-ZIP CITY-ST-ZIP ANGING, MI 48951 Delete M Change DIRECTOR ☐ Addition TITLE TITLE CLIFFORD, JACK JACK, CUFFORD NAME NAME 5901 EXECUTIVE DR. STREET ADDRESS I CORPORATE WAY STREET ADDRESS s tilking does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director fed to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. CITY-ST-ZIP LANSING-MI 48911 13. I hereby certify that the information supplied indicated on this report or supplement of the corporation or the receiver or trustee changed, or on an attachmen

ED NAME OF SIGNING OFFICER OR DIRECTOR