2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # F96000001971 **Secretary of State** 1. Entity Name 02-13-2002 90007 044 ***150.00 SII INVESTMENTS. INC Principal Place of Business Mailing Address 5555: GRANDE-MARKET DR + P O BOX 5097 ՈՈՈՒԽոռոռ APPLETON WI:54913 APPLETON WI 54912-5097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 39-1099262 Not Applicable Zip Country 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 MAVRIDES, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 1451 W CYPRESS CREEK ROAD SUITE 300 FORT LAUDERDALE FL 33309 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME JOHNSON, PETER M STREET ADDRESS STREET ADDRESS 5555 GRANDE MARKET DR CITY-ST-ZIP CITY-ST-ZIP APPLETON WI 54913 TITLE Delete TITLE ☐ Change Addition **VP** NÁME NAME MILLER, JAMES P STREET ADDRESS STREET ADDRESS 5555 GRANDE MARKET DR CITY-ST-ZIP CITY-ST-ZIP APPLETON WI 54913 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME WELLS, MIKE STREET ADDRESS STREET ADDRESS 1 CORPORATE WAY CITY-ST-ZIP CITY-ST-ZIP Ansing MI 48951 ☐ Detete Change ☐ Addition NAME SIMON, JIM STREET ADDRESS STREET ADDRESS 1 CORPORATE WAY. CITY-ST-ZIP CITY-ST-ZIP LANSING MI 48951 TITLE ☐ Delete TITLE Change ☐ Addition NAME HOPPING, ANDY NAME STREET ADDRESS STREET ADDRESS 1 CORPORATE WAY CITY-ST-ZIP CITY-ST-ZIP LANSING MI 48951 TITLE ☐ Delete TITLE Change ☐ Addition CLIFFORD, JACK NAME NAME STREET ADDRESS 1 CORPORATE WAY STREET ADDRESS

LANSING MI 48951

changed, or on an attachment with an address, with all other like empowered

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13. 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 report or supplemental 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 11 or Block 12 if

FILED

(9/01)CR2E034