

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001971

Entity Name: SII INVESTMENTS, INC

FILED  
Feb 06, 2006  
Secretary of State

## Current Principal Place of Business:

5555 GRANDE MARKET DR  
APPLETON, WI 54913

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 5097  
APPLETON, WI 549125097 US

## New Mailing Address:

FEI Number: 39-1099262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAVRIDES, STEPHEN  
1451 W CYPRESS CREEK ROAD  
SUITE 300  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: CT CORPORATION SYSTEM

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: MILLER, JAMES P  
Address: 5555 GRANDE MARKET DR  
City-St-Zip: APPLETON, WI 54913

Title: FVP ( ) Delete  
Name: KINART, TODD A  
Address: 5555 GRANDE MARKET DR  
City-St-Zip: APPLETON, WI 54913

Title: D ( ) Delete  
Name: MILLER, JAMES P  
Address: 5555 GRANDE MARKET DRIVE  
City-St-Zip: APPLETON, WI 54913

Title: D ( ) Delete  
Name: DREFFEIN, M. SHAWN  
Address: 401 WILSHIRE BLVD, SUITE 1100  
City-St-Zip: SANTA MONICA, CA 90401

Title: D ( ) Delete  
Name: THOMAS, MEYER  
Address: 1 CORPORATE WAY  
City-St-Zip: LANSING, MI 48951

Title: CFO ( ) Delete  
Name: COLLINS, MAURA  
Address: 401 WILSHIRE BLVD, SUITE 1100  
City-St-Zip: SANTA MONICA, CA 90401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: KINART, TODD A  
Address: 5555 GRANDE MARKET DR  
City-St-Zip: APPLETON, WI 54913

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. MILLER

PCEO

02/06/2006

Electronic Signature of Signing Officer or Director

Date