2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003293

Entity Name: SIPREMIUM PLAN, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 8010 400 COMMERCE COURT GOLDSBORO, NC 275338010 GOLDSBORO, NC 27534 **Current Mailing Address: New Mailing Address:** PO BOX 8010 GOLDSBORO, NC 275338010 FEI Number: 56-2091871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRUIKSHANK, DAVID C 4730 SR 64 EAST BRADENTON, FL 34208 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition STRICKLAND, ROBERT W STRICKLAND, ROBERT W Name: Name: 133 QUAIL CROFT DR. PO BOX 8010 Address: Address: City-St-Zip: GOLDSBORO, NC City-St-Zip: GOLDSBORO, NC 275338010 Title: Title: () Delete (X) Change () Addition Name: STRICKLAND, ROBERT C Name: STRICKLAND, ROBERT C 141 QUAIL CROFT DR. PO BOX 8010 Address: Address: GOLDSBORO, NC GOLDSBORO, NC 275338010 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition VSD () Delete TILLMAN, MARIANNA S TILLMAN, MARIANNA S Name: Name: 140 QUAIL CROFT DR. PO BOX 8010 Address: Address: City-St-Zip: GOLDSBORO, NC City-St-Zip: GOLDSBORO, NC 275338010 Title: CFO () Delete Title: (X) Change () Addition CUNNINGHAM, JENNIFER M LOCKARD, THOMAS B Name: Name: Address: 117 MILL RUN PL Address: PO BOX 8010 City-St-Zip: City-St-Zip: GOLDSBORO, NC 27534 GOLDSBORO, NC 275338010 Title: Title: (X) Delete () Change () Addition YARBROUGH, RICHARD C Name: Name: 116 DEERBORN DR. Address: Address: City-St-Zip: GOLDSBORO, NC City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: AYCOCK, L. PAUL Name: AYCOCK, L. PAUL

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

PO BOX 8010

GOLDSBORO, NC 275338010

SIGNATURE: JENNIFER M. CUNNNINGHAM CFO 01/07/2009

132 QUAIL CROFT DR.

GOLDSBORO, NC

Address:

City-St-Zip: