

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002902

FILED
Mar 29, 2010
Secretary of State

Entity Name: SE2, INC.

Current Principal Place of Business:

ONE SECURITY BENEFIT PLACE
TOPEKA, KS 666360001

New Principal Place of Business:

Current Mailing Address:

ONE SECURITY BENEFIT PLACE
TOPEKA, KS 666360001

New Mailing Address:

FEI Number: 20-2640636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: DP
Name: REA, ERIC F
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 666360001

Title: T
Name: SCHMANK, JAMES R
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 666360001

Title: S
Name: GUYOT, JOHN F
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 666360001

Title: VP
Name: SCHMANK, JAMES R
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 666360001

Title: C
Name: KEITH, DAVID J
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 666360001

Title: D
Name: BAKK, KALMAN
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 666360001

I hereby 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 all other like empowered.

SIGNATURE: JAMES R SCHMANK

VP T

03/29/2010

Electronic Signature of Signing Officer or Director

Date