2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# F05000002902

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

OFFICERS AND DIRECTORS:

Title: CB
Name: HOWARD, FRICKE R
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 666360001

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

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

Title: T
Name: FRYE, JOHN F
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: CFO
Name: SCHMANK, JAMES R
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 SCHMANK CFO 02/24/2011

Electronic Signature of Signing Officer or Director Date