


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F06000001875</b> 1. Entity Name SIG FINANCING, INC.	
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Principal Place of Business ONE COMMERCE CENTER 1201 N ORANGE ST - S-715 WILMINGTON, DE 19801	Mailing Address ONE COMMERCE CENTER 1201 N ORANGE ST - S-715 WILMINGTON, DE 19801
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<b>DO NOT WRITE IN THIS SPACE</b>
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02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0061694	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1; 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC GREENBERG, JOEL 401 CITY AVE - S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GREENBERG, JOEL 401 CITY AVE - S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YASS, JEFFREY 401 CITY AVE - S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SULLIVAN, BRIAN 401 CITY AVE - S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANTCHIK, ARTHUR 401 CITY AVE - S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000672149 03/26/07-80057-025 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>2/1/07</b> Date	<b>610 617 2635</b> Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		