


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 06000001875
 1. Entity Name
 SIG FINANCING, INC.



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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DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0061694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AUTUMN NESBETH C/O SIG
 1515 N. FEDERAL HIGHWAY
 SUITE S-3000, OFFICE #29
 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

U00000884947
 04/17/08-80064-006 150.00

10. OFFICERS AND DIRECTORS

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	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  Brian Sullivan 3/24/2008 610-617-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #