

F070000003519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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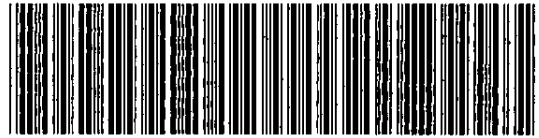
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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401 CITY AVENUE, SUITE 220, BALA CYNWYD, PA 19004-1188, 610.617.2600. WWW.SIG.COM  
BALA CYNWYD BOSTON CHICAGO DUBLIN LOS ANGELES NEW YORK PHILADELPHIA SAN FRANCISCO SHANGHAI STAMFORD SYDNEY



December 22, 2009

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**RE: SIG Holding Florida Business Corp.**

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Office, along with the required filing fee in the amount of \$35.00 for the above referenced entity.

If you should have any questions, please feel free to contact me.

Sincerely,

Celeste A. Stellabott  
Legal Department

Enclosure

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SIG Holding Florida Business Corp.  
Name of Corporation

**DOCUMENT NUMBER:** F07000003519

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Celeste A. Stellabott  
Name of Contact Person

Susquehanna International Group, LLP  
Firm/Company

401 City Avenue, Suite 220  
Address

Bala Cynwyd, PA 19004  
City/State and Zip Code

celeste.stellabott@sig.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Celeste A. Stellabott at ( 484 ) 562-1255  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SIG Holding Florida Business Corp.
2. The principal office address: 1515 N. Federal Highway, Suite 300, Office #29  
Boca Raton, FL 33432
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/29/2007 Document number: F07000003519
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Autumn Nesbeth, c/o SIG

1515 N. Federal Highway, Suite 300, Office #29

Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

555 South Federal Highway, Suite 400

P.O. Box NOT acceptable

Boca Raton, FL 33432

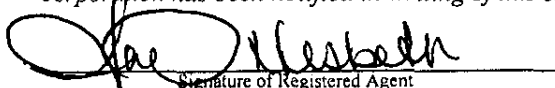
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

By:   
Signature of an officer or director

Brian Sullivan, Treasurer  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

12/4/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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