

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90354 021 ***150.00

DOCUMENT # F96000001971

1. Entity Name
SII INVESTMENTS, INC

Principal Place of Business

**1428 MIDWAY ROAD
 MENASHA WI 54952**

Mailing Address

**P.O. BOX 449
 MENASHA WI 54952-0449
 US**

2. Principal Place of Business

5555 GRANDE MARKET DR

3. Mailing Address

P.O. BOX 5097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APPLETON, WI

City & State

APPLETON, WI

Zip

54913

Country

USA

Zip

54912-5097

Country

USA

4. FEI Number **39-1099262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALLACE, DONALD E.
 THE WALLACE PLANNING GROUP
 1800 SECOND STREET, SUITE 802
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **STEPHEN MAVRIDES**
 Street Address (P.O. Box Number is Not Acceptable)
**1451 W. CYPRESS CREEK ROAD
 SUITE 300
 FT. LAUDERDALE FL 33309**

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.

SIGNATURE

Stephen Mavrides

2/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	JOHNSON, PETER M	
STREET ADDRESS	1428 MIDWAY RD	
CITY-ST-ZIP	MENASHA WI 54952	
TITLE	VP	☐ Delete
NAME	MILLER, JAMES P	
STREET ADDRESS	1428 MIDWAY RD	
CITY-ST-ZIP	MENASHA WI 54952	
TITLE	D	☐ Delete
NAME	WELLS, MIKE	
STREET ADDRESS	5901 EXECUTIVE DR.	
CITY-ST-ZIP	LANSING MI 48911	
TITLE	D	☐ Delete
NAME	SIMON, JIM	
STREET ADDRESS	5901 EXECUTIVE DR.	
CITY-ST-ZIP	LANSING MI 48911	
TITLE	D	☐ Delete
NAME	HOPPING, ANDY	
STREET ADDRESS	5901 EXECUTIVE DR.	
CITY-ST-ZIP	LANSING MI 48911	
TITLE	D	☐ Delete
NAME	CLIFFORD, JACK	
STREET ADDRESS	5901 EXECUTIVE DR.	
CITY-ST-ZIP	LANSING MI 48911	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	JOHNSON, PETER M.	
STREET ADDRESS	5555 GRANDE MARKET DR.	
CITY-ST-ZIP	APPLETON, WI 54913	
TITLE	VP	☒ Change ☐ Addition
NAME	MILLER, JAMES P.	
STREET ADDRESS	5555 GRANDE MARKET DR.	
CITY-ST-ZIP	APPLETON, WI 54913	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	WELLS, MIKE	
STREET ADDRESS	1 CORPORATE WAY	
CITY-ST-ZIP	LANSING, MI 48951	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SIMON, JIM	
STREET ADDRESS	1 CORPORATE WAY	
CITY-ST-ZIP	LANSING, MI 48951	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HOPPING, ANDY	
STREET ADDRESS	1 CORPORATE WAY	
CITY-ST-ZIP	LANSING, MI 48951	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	JACK, CLIFFORD	
STREET ADDRESS	1 CORPORATE WAY	
CITY-ST-ZIP	LANSING, MI 48951	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports, 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/01

Date

800-426-5975

Daytime Phone #

CR2E034 (10/00)