

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001971

Entity Name: SII INVESTMENTS, INC

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

5555 GRANDE MARKET DR
APPLETON, WI 54913

New Principal Place of Business:

Current Mailing Address:

P O BOX 5097
APPLETON, WI 549125097 US

New Mailing Address:

FEI Number: 39-1099262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAVRIDES, STEPHEN
1451 W CYPRESS CREEK ROAD
SUITE 300
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CT CORPORATION SYSTEM

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MILLER, JAMES P
Address: 5555 GRANDE MARKET DR
City-St-Zip: APPLETON, WI 54913

Title: FVP () Delete
Name: KINART, TODD A
Address: 5555 GRANDE MARKET DR
City-St-Zip: APPLETON, WI 54913

Title: D () Delete
Name: MILLER, JAMES P
Address: 5555 GRANDE MARKET DRIVE
City-St-Zip: APPLETON, WI 54913

Title: D () Delete
Name: DREFFEIN, M. SHAWN
Address: 401 WILSHIRE BLVD, SUITE 1100
City-St-Zip: SANTA MONICA, CA 90401

Title: D () Delete
Name: THOMAS, MEYER
Address: 1 CORPORATE WAY
City-St-Zip: LANSING, MI 48951

Title: CFO () Delete
Name: COLLINS, MAURA
Address: 401 WILSHIRE BLVD, SUITE 1100
City-St-Zip: SANTA MONICA, CA 90401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: KINART, TODD A
Address: 5555 GRANDE MARKET DR
City-St-Zip: APPLETON, WI 54913

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES P. MILLER

PCEO

02/06/2006

Electronic Signature of Signing Officer or Director

Date