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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000005954**

1. Corporation Name
SSI (U.S.) INC.

Principal Place of Business	Mailing Address
401 N. MICHIGAN AVE., #3300 CHICAGO IL 60611	401 N. MICHIGAN AVE., #3300 CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1998

4. FEI Number: 36-3538416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OGDEN, DAYTON		1.2 NAME		
STREET ADDRESS	17 TOQUAM ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT 06840		1.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEFF, THOMAS J		2.2 NAME		
STREET ADDRESS	25 MIDWOOD ROAD, DEER PARK		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		2.4 CITY-ST-ZIP		
TITLE	CFOV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KURKOWSKI, RICHARD M		3.2 NAME		
STREET ADDRESS	183 TIMBER TRAIL DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL 60521		3.4 CITY-ST-ZIP		
TITLE	CSAV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN, KELLI A		4.2 NAME		
STREET ADDRESS	1403 COLUMBINE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MT. PROSPECT IL 60056		4.4 CITY-ST-ZIP		
TITLE	ACS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BILLINGTON, JAMES R		5.2 NAME		
STREET ADDRESS	81 NORTH STREET - BOX 102		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAUNEMIN IL 61769		5.4 CITY-ST-ZIP		
TITLE	ACS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GLYSING, GAIL M		6.2 NAME		
STREET ADDRESS	1960 LINCOLN PARK WEST #907		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60614		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JIM R. BILLINGTON 4/21/99 (312) 822-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)