2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
07-28-2000 90147 029 ***550.00

DOCUMENT # F98000005954

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OGDEN, DAYTON 17 TOQUAM ROAD NEW CANAAN CT 06840	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	269 Valley Rd New Canaan, CT. 06840
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C NEFF, THOMAS J 25 MIDWOOD ROAD, DEER PARK GREENWICH CT 06830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	144 Pecksland Rd. Greenwich CT 06831
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOV KURKOWSKI, RICHARD M 183 TIMBER TRAIL DRIVE OAK BROOK IL 60521	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSAV BUCHANAN, KELLI A 1403 COLUMBINE DRIVE MT. PROSPECT IL 60056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	1440 Forest Dr. Glenview IL 60025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ACS BILLINGTON, JAMES R 81 NORTH STREET - BOX 102 SAUNEMIN IL 61769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	12001 East, 2100 North Road Pontiac IL 61764
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ACS GLYSING, GAIL M 1960 LINCOLN PARK WEST #907 CHICAGO IL 60614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (5/00)

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelli A Buchanan KELLI A BUCHANAN 7-19-00 312-822-0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #