## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000005954

Entity Name: SSI (U.S.) INC.

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
401 N. MICHIGAN AVE., #3300 CHICAGO, IL 60611				401 N. MICHIGAN AVE. SUITE 2600 CHICAGO, IL 60611			
Current Mailing Address:				New Mailing Address:			
401 N. MICHIGAN AVE., #3300 CHICAGO, IL 60611				401 N. MICHIGAN AVE. SUITE 2600 CHICAGO, IL 60611			
FEI Number:	36-3538416	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:	
1200 SOUT PLANTATION		ND ROAD US	urpose o	f changing i	ts registered o	office or registered agent, or both,	
SIGNATUF							
OIOINATOI		ic Signature of Registered Ager	nt			 Date	
Election Can		Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
Title: Name: Address: City-St-Zip:	PD () OGDEN, DAYTO 269 VALLEY RE NEW CANAAN,	)		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	C () NEFF, THOMAS 144 PECKSLAN GREENWICH, C	ID RD		Title: Name: Address: City-St-Zip:	C (X NEFF, THOMA 180 EAST 79TI NEW YORK, N	H ST., #2E	
Title: Name: Address: City-St-Zip:	CFOV () KURKOWSKI, F 183 TIMBER TR OAK BROOK, IL	AIL DRIVE		Title: Name: Address: City-St-Zip:	(	) Change() Addition	
Title: Name: Address: City-St-Zip:	CSAV () BUCHANAN, KE 1440 FOREST I GLENVIEW, IL	OR		Title: Name: Address: City-St-Zip:	(	) Change()Addition	
Title: Name: Address: City-St-Zip:	BILLINGTON, JA	100 NORTH ROAD		Title: Name: Address: City-St-Zip:	VP (X RASMUSSEN, 1226 W. GEOF CHICAGO, IL	RGE	
Title: Name: Address: City-St-Zip:	GLYSING, GAIL	PARK WEST #907		Title: Name: Address: City-St-Zip:	GLYSING, GAI	DLN PARK WEST #1504	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID R. RASMUSSEN VP 01/27/2004