2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000005954

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

FILED
Jul 29, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
401 N. MICHIGAN AVE. SUITE 2600 CHICAGO, IL 60611	401 N. MICHIGAN AVE. SUITE 2600 CHICAGO, IL 60611

07112008 No Chg-P CR2E034 (11/05)

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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

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OGDEN, DAYTON
STREET ADDRESS	269 VALLEY RD
CITY-ST-ZIP	NEW CANAAN, CT 06840
TITLE	C
NAME	NEFF, THOMAS J
STREET ADDRESS	277 PARK AVE, 29TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10172
TITLE	CFOV
NAME	KURKOWSKI, RICHARD M
STREET ADDRESS	183 TIMBER TRAIL DRIVE
CITY-ST-ZIP	OAK BROOK, IL 60521
TITLE	CSAV
NAME	BUCHANAN, KELLI A
STREET ADDRESS	1440 FOREST DR
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	VP
NAME	RASMUSSEN, DAVID R
STREET ADDRESS	1226 W. GEORGE
CITY-ST-ZIP	CHICAGO, IL 60657
TITLE	T
NAME	ARNONE, ROBERT
STREET ADDRESS	1424 W. BYRON # 2
CITY-ST-ZIP	CHICAGO, IL 60613

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07/29/08-80003-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Kelli A. Buchanan 07/14/08 (312) 822.0088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #