2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# F99000004907

Entity Name: SIGMA GP HOLDING, INC.

Current Principal Place of Business:

400 MATTHEW STREET
SANTA CLARA, CA 95050

New Principal Place of Business:

273 CORPORATE DRIVE
SUITE 100
PORTSMOUTH, NH 03801

Current Mailing Address:

P.O.BOX 3038
BOCA RATON, FL 334310938

New Mailing Address:

P O BOX 8749
PRINCETON, NJ 08543

FEI Number: 58-2489228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SODER, DOUGLAS L
Address: 11 TYCO DR
City-St-Zip: STAFFORD SPRINGS, CT 06076

Title: DS ( ) Delete
Name: MOROZE, BRIAN M
Address: 273 CORPORATE SR, STE. 100
City-St-Zip: PORTSMOUTH, NH 03801

Title: VD ( ) Delete
Name: FLANIGAN, TIMOTHY
Address: 9 W 57TH ST, 43RD FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: T (X) Delete
Name: HUND-MEJEAN, MARTINA
Address: 9 W 57TH DT, 43RD FL
City-St-Zip: NEW YORK, NY 10019

Title: VPAT (X) Delete
Name: STEVENSON, SCOTT
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SODER, DOUGLAS L
Address: 273 CORPORATE DRIVE, SUITE 100
City-St-Zip: PORTSMOUTH, NH 03801

Title: S (X) Change ( ) Addition
Name: MOROZE, BRIAN M
Address: 273 CORPORATE DRIVE, SUITE 100
City-St-Zip: PORTSMOUTH, NH 03801

Title: T (X) Change ( ) Addition
Name: ABROMEIT, RICHARD H
Address: 273 CORPORATE DRIVE, SUITE 100
City-St-Zip: PORTSMOUTH, NH 03801

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 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: DOUGLAS LYNN SODER P 04/14/2004

Electronic Signature of Signing Officer or Director — Date