## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000004907

Entity Name: SIGMA GP HOLDING, INC.

**FILED** Apr 15, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

400 MATHEW STREET THE CORPORATION TRUST COMPANY OF NEVADA SANTA CLARA, CA 95050

311 S. DIVISION STREET CARSON CITY, NV 89703

**Current Mailing Address:** New Mailing Address:

THE CORPORATION TRUST COMPANY OF NEVADA 400 MATHEW STREET SANTA CLARA, CA 95050

311 S. DIVISION STREET CARSON CITY, NV 89703

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

## **OFFICERS AND DIRECTORS:**

Title: PDS

BARKSDALE, HAROLD G Name: 311 S. DIVISION STREET Address: City-St-Zip: CARSON CITY, NV 89703

Title: VΡ

Name: SCOTT, ROBERT A 311 S. DIVISION STREET Address: City-St-Zip: CARSON CITY, NV 89703

Title: D/T

CALASTRI, MARIO Name: 311 S. DIVISION STREET Address: City-St-Zip: CARSON CITY, NV 89703

Title: DIR

SUMINSKI, RICHARD JAMES Name: Address: 311 S. DIVISION STREET City-St-Zip: CARSON CITY, NV 89703

I hereby 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 all other like empowered.

SIGNATURE: MANDELINE HENDRICKS POA 04/15/2011