2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J31850

1. Entity Name
THE SSI GROUP, INC.

Principal Place of Business	Mailing Address
4721 MORRISON DR. 100 MOBILE, AL 36609 US	P.O. BOX 991835 MOBILE, AL 36691 US

01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2715634
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WALLACE, CELIA A
STREET ADDRESS	3715 DAUPHIN ST.
CITY-ST-ZIP	MOBILE, AL
TITLE	ST
NAME	SHORT, DEBORAH
STREET ADDRESS	4721 MORRISON DR, SUITE 100
CITY-ST-ZIP	MOBILE, AL 36609
TITLE	PCEO
NAME	SMITH, BOBBY E
STREET ADDRESS	4721 MORRISON DR, SUITE 100
CITY-ST-ZIP	MOBILE, AL 36609
TITLE	CFO
NAME	LYONS, JAMES M
STREET ADDRESS	4721 MORRISON DR, SUITE 100
CITY-ST-ZIP	MOBILE, AL 36609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80023-010 158.75

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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: _____ VP/CFO 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #