



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000001712</b> 1. Entity Name SIG HOLDING LLC	
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Principal Place of Business 401 CITY AVENUE S-220 BALA CYNWYD, PA 19004	Mailing Address 401 CITY AVENUE S-220 BALA CYNWYD, PA 19004
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**DO NOT WRITE IN THIS SPACE**

  
02222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 80-0021240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NESBITT, AUTUMN C/O SIG, 1515 FEDERAL HIGHWAY SUITE 3000 OFFICE #29 BOCA RATON, FL 33432	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000835788  
04/18/08-80029-003 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIG HOLDING INC. 1201 N ORANGE STREET S-715 WILMINGTON, DE 19801
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**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Brian Sullivan** **3/24/2008** **610-617-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #