

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 149548

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: MAC CORPORATION

**Current Principal Place of Business:**

91 KNOLLWOOD AVE  
HUNTINGTON, NY 11743

**New Principal Place of Business:**

40 MAPLE AVE.  
LOCUST VALLEY, NY 11560 US

**Current Mailing Address:**

91 KNOLLWOOD AVE  
HUNTINGTON, NY 11743

**New Mailing Address:**

40 MAPLE AVE.  
LOCUST VALLEY, NY 11560

FEI Number: 59-0672763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOUIS FINE  
6016 SW 13TH TERR  
MIAMI, FL 33144 US

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

FINE, LOUIS M PD  
6016 SW 13TH TERR  
MIAMI, FL 33144 US

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: LOUIS FINE

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHALEK, ROSE MARIE,  
Address: 91 KNOLLWOOD AVE  
City-St-Zip: HUNTINGTON, FL 11743

Title: ST (X) Delete  
Name: CHALEK, RICHARD,  
Address: 40 MAPLE AVENUE  
City-St-Zip: LOCUST VALLEY, NY 11560

Title: V (X) Delete  
Name: CHALEK, RICHARD  
Address: 40 MAPLE AVE  
City-St-Zip: LOCUST VALLEY, NY 11560

Title: T (X) Delete  
Name: CHALEK, PAMELA  
Address: 40 MAPLE AVE.  
City-St-Zip: LOCUST VALLEY, NY 11560

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHALEK, RICHARD M RICK CH  
Address: 40 MAPLE AVE.  
City-St-Zip: LOCUST VALLEY, NY 11560 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 exemption stated 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 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: LOUIS FINE

CPA

02/04/2009

Electronic Signature of Signing Officer or Director

Date