

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 149548

Entity Name: MAC CORPORATION

FILED
Feb 04, 2009
Secretary of State

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