2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90106 002 ***150.00

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1. Entity Name
EMG EAST, INC.

Principal Place of Business	Mailing Address
9 EAST LOOCKERMAN STREET, SUITE 1B DOVER, DE 19901	9 EAST LOOCKERMAN STREET, SUITE 1B DOVER, DE 19901

07142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1471 PARTNERSHIP DR	1471 PARTNERSHIP DR
Suite, Apt. #, etc.	Suite Apt. #, etc
City & State: GREEN BAY WI	City & State: GREEN BAY WI
Zip: 54304 Country: U.S.	Zip: 54304 Country: U.S.

4. FEI Number: 11-3665950 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 changing)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALLACE, WILLIAM 9 EAST LOOCKERMAN STREET, SUITE 1B DOVER, DE 19901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 34300 LAKELAND BLVD EASTLAKE OH 44095	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KLEIN, JOEL 9 EAST LOOCKERMAN STREET, SUITE 1B DOVER, DE 19901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 34300 LAKELAND BLVD EASTLAKE OH 44095	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORRIGAN, PATTON R 9 EAST LOOCKERMAN STREET, SUITE 1B DOVER, DE 19901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 781 NORTH ST GREENWICH CT 06831	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TESSLER, EVAN S 9 EAST LOOCKERMAN ST., SUITE 18 DOVER, DE 19901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 781 NORTH ST GREENWICH CT 06831	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Scott Luedke, Scott Luedke, VP+CFO 7-19-05 920-403-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #