

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90360 011 ***150.00

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04192006 Chg-P CR2E034 (11/05)

DOCUMENT # F03000000917					
1. Entity Name EMG EAST, INC.					
Principal Place of Business 1471 PARTNERSHIP DRIVE GREEN BAY, WI 54304			Mailing Address 1471 PARTNERSHIP DRIVE GREEN BAY, WI 54304		
2. Principal Place of Business 34300 LAKELAND BLVD.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State EASTLAKE OHIO			City & State		
Zip 44095	Country U.S.	Zip	Country		
4. FEI Number 11-3665950			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, WILLIAM 34300 LAKELAND BLVD EASTLAKE, OH 44095 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KLEIN, JOEL 34300 LAKELAND BLVD EASTLAKE, OH 44095 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, PATTON R 781 NORTH STREET GREENWICH, CT 06831 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TESSLER, EVAN S 781 NORTH STREET GREENWICH, CT 06831 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATHLEEN WALLACE 34300 LAKELAND BLVD. EAST LAKE, OH 44095 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + CFO SCOTT LUEDKE 1471 PARTNERSHIP DRIVE GREEN BAY, WI 54304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Scott Luedke, VP + CFO</u>			Date: <u>4-19-06</u> Daytime Phone #: <u>920-337-9800</u>		