


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000000917 1. Entity Name EMG EAST, INC.	
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Principal Place of Business 34300 LAKELAND BLVD EASTLAKE, OH 44095	Mailing Address 1471 PARTNERSHIP DRIVE GREEN BAY, WI 54304
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3665950	Applied For 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

DO NOT WRITE IN THIS SPACE

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 _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, WILLIAM 34300 LAKELAND BLVD EASTLAKE, OH 44095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, JOEL 34300 LAKELAND BLVD EASTLAKE, OH 44095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRIGAN, PATTON R 781 NORTH STREET GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TESSLER, EVAN S 781 NORTH STREET GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACE, KATHLEEN 34300 LAKELAND BLVD EASTLAKE, OH 44095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF LUEDKE, SCOTT 1471 PARTNERSHIP DR GREEN BAY, WI 54304

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 05/22/07-80002-004 150.00

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: Scott Luedke VP & CFO Scott Luedke 4/23/07 920-337-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #