


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F03000000917	
1. Entity Name EMG EAST, INC.	
	
Principal Place of Business 34300 LAKELAND BLVD EASTLAKE, OH 44095	Mailing Address 1471 PARTNERSHIP DRIVE GREEN BAY, WI 54304



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

U000000752970
05/22/07-80002-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #