


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90124 023 ***150.00

DOCUMENT # F0300000917

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**

40000000

2. Principal Place of Business - No P.O. Box #
1471 PARTNERSHIP DRIVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
GREEN BAY WI

City & State
 Suite, Apt. #, etc.



03172008 Chg-P CR2E034 (12/06)

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

4. FEI Number
11-3665950

Applied For
 Not Applicable

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, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------|--|--|---|--|---------------------------------|-----------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WALLACE, WILLIAM | | | NAME | | | |
| STREET ADDRESS | 34300 LAKELAND BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | EASTLAKE, OH 44095 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KLEIN, JOEL | | | NAME | | | |
| STREET ADDRESS | 34300 LAKELAND BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | EASTLAKE, OH 44095 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CORRIGAN, PATTON R | | | NAME | | | |
| STREET ADDRESS | 781 NORTH STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GREENWICH, CT 06831 | | | CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TESSLER, EVAN S | | | NAME | | | |
| STREET ADDRESS | 781 NORTH STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GREENWICH, CT 06831 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WALLACE, KATHLEEN | | | NAME | | | |
| STREET ADDRESS | 34300 LAKELAND BLVD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | EASTLAKE, OH 44095 | | | CITY-ST-ZIP | | | |
| TITLE | VPCF | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LUEDKE, SCOTT | | | NAME | | | |
| STREET ADDRESS | 1471 PARTNERSHIP DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | GREEN BAY, WI 54304 | | | CITY-ST-ZIP | | | |

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 Date: 4-25-08 Daytime Phone #: 920-337-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR