

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003956

Entity Name: MCHALE PARTNERS, INC.

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

519 W. 46TH ST.
CHICAGO, IL 60609

New Principal Place of Business:

Current Mailing Address:

519 W. 46TH ST.
CHICAGO, IL 60609

New Mailing Address:

FEI Number: 36-4444313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SCANLON, MARTIN
Address: 506 W. 42ND PLACE
City-St-Zip: CHICAGO, IL 60609

Title: VCS () Delete
Name: MCHALE, DANIEL
Address: 519 W. 46TH ST.
City-St-Zip: CHICAGO, IL 60609

Title: DV () Delete
Name: ZARATE, RICHARD
Address: 4332 S. EMERALD AVE.
City-St-Zip: CHICAGO, IL 60609

Title: D () Delete
Name: GALVIN, PATRICK
Address: 4519 S. WALLACE
City-St-Zip: CHICAGO, IL 60609

Title: T () Delete
Name: CONNOLLY, MICHAEL
Address: 4537 S. EMERALD AVE.
City-St-Zip: CHICAGO, IL 60609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CONNOLLY

T

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date