

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003590

Entity Name: EMSAR, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

125 ACCESS ROAD
STRATFORD, CT 06615

New Principal Place of Business:

Current Mailing Address:

475 W TERRA COTTA AVE
STE E
CRYSTAL LAKE, IL 60014

New Mailing Address:

FEI Number: 06-1370020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: S () Delete
Name: POLTERMANN, RALPH
Address: 475 W. TERRA COTTA AVE., STE E
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: DT () Delete
Name: HAGGE, STEPHEN
Address: 475 W. TERRA COTTA AVE., STE E
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: DCEO () Delete
Name: MESHBERG, EMIL
Address: 125 ACCESS ROAD
City-St-Zip: STRATFORD, CT 06615

Title: DV () Delete
Name: PFEIFFER, PETER
Address: 475 W TERRA COTTA AVE STE E
City-St-Zip: CRYSTAL LAKE, IL 60014

Title: V () Delete
Name: CONNOLLY, BRIAN
Address: 125 ACCESS ROAD
City-St-Zip: STRATFORD, CT 06615

Title: V () Delete
Name: MILLER, PHIL
Address: 125 ACCESS ROAD
City-St-Zip: STRATFORD, CT 06615

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:

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: STEPHEN J. HAGGE

DT

03/17/2009

Electronic Signature of Signing Officer or Director

Date