

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002456

Entity Name: EMKAY, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

805 W. THORNDALE AVE
ITASCA, IL 60143

New Principal Place of Business:

Current Mailing Address:

ATTN: M. MURPHY
805 W THORNDALE AVE
ITASCA, IL 60143

New Mailing Address:

ATTN: MICHELLE MURPHY
805 W. THORNDALE AVENUE
ITASCA, IL 60143

FEI Number: 36-2089149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: COB () Delete
Name: TEPAS, GARY L
Address: 805 W. THORNDALE AVE
City-St-Zip: ITASCA, IL 60143

Title: CEO () Delete
Name: GREG, TEPAS
Address: 805 W. THORNDALE AVE
City-St-Zip: ITASCA, IL 60143

Title: VP () Delete
Name: CHRIS, TEPAS
Address: 805 W. THORNDALE AVE
City-St-Zip: ITASCA, IL 60143

Title: VP () Delete
Name: ANDY, VELLA
Address: 805 W THORNDALE AVE
City-St-Zip: ITASCA, IL 60143

Title: VP () Delete
Name: GREG, DEPACE
Address: 805 W THORNDALE AVE
City-St-Zip: ITASCA, IL 60143

Title: AS () Delete
Name: MURPHY, MICHELLE E AST SCY
Address: 805 W THORNDALE AVE
City-St-Zip: ITASCA, IL 60143 US

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:

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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: MICHELLE E MURPHY

AS

01/07/2009

Electronic Signature of Signing Officer or Director

Date