

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004650

Entity Name: EMCC, INC. OF DELAWARE

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

33 RIVERSIDE DRIVE  
PEMBROKE, MA 02359 US

## Current Mailing Address:

33 RIVERSIDE DRIVE  
PEMBROKE, MA 02359 US

## New Principal Place of Business:

4343 N. SCOTTSDALE RD  
STE 270  
SCOTTSDALE, AZ 85251 US

## New Mailing Address:

4343 N. SCOTTSDALE RD  
STE 270  
SCOTTSDALE, AZ 85251 US

FEI Number: 04-3214513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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: CFOT ( ) Delete  
Name: SHOEMAKE, CHARLES  
Address: 4343 N. SCOTTSDALE RD., STE. 270  
City-St-Zip: SCOTTSDALE, AZ 85251

Title: GCS (X) Delete  
Name: BRODSKY, NEIL L  
Address: 33 RIVERSIDE DR.  
City-St-Zip: PEMBROKE, MA 02359

Title: DP ( ) Delete  
Name: SHOEMAKE, CHARLES  
Address: 4343 N. SCOTTSDALE RD., STE. 270  
City-St-Zip: SCOTTSDALE, AZ 85251

Title: SVP (X) Delete  
Name: GRACE, RICHARD  
Address: 1824 KELLEHER PLACE  
City-St-Zip: PLACENTIA, CA 92870

Title: VP (X) Delete  
Name: TORO SMITH, ZAIDA  
Address: 1110 MONTLIMAR DRIVE, ST. 910  
City-St-Zip: MOBILE, AL 36609

Title: SVP (X) Delete  
Name: DORSTEN, SHERRIE  
Address: 16870 W BERNARDO CT STE 400  
City-St-Zip: SAN DIEGO, CA 92127

## 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: CHARLES SHOEMAKE

CFOT

03/24/2009

Electronic Signature of Signing Officer or Director

Date