

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001841

Entity Name: EMED CO. INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

2491 WEHRLE DRIVE
WILLIAMSVILLE, NY 14221

New Principal Place of Business:

Current Mailing Address:

2491 WEHRLE DRIVE
WILLIAMSVILLE, NY 14221

New Mailing Address:

FEI Number: 16-0920413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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: PD () Delete
Name: JAEHNERT, FRANK M
Address: 6555 GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 53223

Title: V () Delete
Name: MATHIESON, DAVID
Address: 6555 GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 53223

Title: V () Delete
Name: HAWKE, DAVID
Address: 6555 GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 65223

Title: VT () Delete
Name: REARIC, DONALD
Address: 6555 GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 65223

Title: V () Delete
Name: FELMER, TOM
Address: 6555 GOOD HOPE ROAD
City-St-Zip: MILWAUKEE, WI 53223

Title: S () Delete
Name: GOODKIND, CONRAD
Address: 411 EAST WISCONSIN AVE
City-St-Zip: MILWAUKEE, WI 53202

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: VT (X) Change () Addition
Name: BOLENS, BARBARA
Address: 6555 GOOD HOPE RD
City-St-Zip: MILWAUKEE, WI 65223

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 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: DAVID MATHIESON

V

04/28/2006

Electronic Signature of Signing Officer or Director

Date