

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14937

FILED
Jan 11, 2010
Secretary of State

Entity Name: EMA OF MINNESOTA, INC.

Current Principal Place of Business:

1970 OAKCREST AVE
SUITE 300
ST. PAUL, MN 55113 US

New Principal Place of Business:

Current Mailing Address:

1970 OAKCREST AVE
SUITE 300
ST. PAUL, MN 55113 US

New Mailing Address:

FEI Number: 41-1467091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERBEEK, BILL
1042 FOGGY BROOK PLACE
LONGWOOD, FL 32750 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: P
Name: BRUECK, TERRANCE
Address: 1970 OAKCREST AVE., SUITE 300
City-St-Zip: ST. PAUL, MN 55113 US

Title: V
Name: CASCIO, JUDITH
Address: 191 TERRY ROAD
City-St-Zip: HARTFORD, CT 06105

Title: V
Name: YOKOPENIC, CRAIG
Address: 1970 OAKCREST AVE., STE. 300
City-St-Zip: ST. PAUL, MN 55113

Title: S
Name: BIALKA, BRUCE
Address: 1970 OAKCREST AVE., STE. 300
City-St-Zip: ST. PAUL, MN 55113 US

Title: V
Name: LERNER, NANCY
Address: 10777 WESTNEIMER, STE. 1100
City-St-Zip: HOUSTON, TX 77042

Title: T
Name: YOUNKIN, CLYDE
Address: 900 NORTHBROOK DR., SUITE 110
City-St-Zip: TREVOSE, PA 19053 US

I hereby 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 all other like empowered.

SIGNATURE: BRUCE BIALKA

S

01/11/2010

Electronic Signature of Signing Officer or Director

_____ Date