

F-0037019-0

CTATE OF ARIZONA CORPORATION COMMISSION **CORPORATION ANNUAL REPORT** & CERTIFICATE OF DISCLOSURE



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FY02-03

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE **INSTRUCTIONS ON PAGE 4.**

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ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

EMA OF MINNESOTA, INC. (FN) 1760 E RIVER RD #301 TUCSON, AZ 85718

Business Phone: 657-639-5600 (Business phone is optional.)

State of Domicile: MINNESOTA

Type of Corporation: PROFIT

Arizona Statutory Agent: LAWRENCE A JENTGEN

Street Address: 5624 N CAMINO DEL CONDE

TUCSON. AZ 85718

City, State, Zip:

W&//-1 4 02	Use this box only if appointing a new Statutory Agent
ACC USE ONLY IPP	If appointing a new statutory agent, the new agent MUST consent to that appointment by
Fee \$45 8 21 110	signing below.
Penalty . \$	I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation
Reinstate \$	pursuant to law.
Expedite \$	
Resubmit \$	Signature of <i>new</i> Statutory Agent
	01:=100

449115 495904

3. Secondary Address:

(Foreign Conscretions are REQUIRED to complete livis section.)

1970 OAKCREST AVE ST PAUL, MN 55113

Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS			NON-PROFIT CORPORATIO		
	1. Accounting	20. Manufacturing	1 Charitable		
	2. Advertising	21. Mining	Benevolent		
	3. Aeroepace	22. News Media	3 Educational		
	4. Agriculture	23. Pharmaceutical	4 Civic		
	5. Architecture	24. Publishing/Printing	5 Political		
	6. Banking/Finance	25. Ranching/Livestock	6 Religious		
	7. Barbers/Cosmetology	26. Real Estate	7 Social		
	8. Construction	27. Restaurant/Bar	8 Literary		
	9. Contractor	28. Retail Sales	9 Cultural		
	10. Credit/Collection	29. Science/Research	10 Athletic		
	11. Education	30. Sports/Sporting Events	 Science/Research 		
	12. Engineering	31. Technology(Computers)	12 Hospital/Health Care		
	13. Entertainment	32. Technology(General)	13 Agricultural		
	14. General Consulting	33. Television/Radio	14 Animai Husbandry		
	15. Health Care	34. Tourism/Convention Services	15 Homeowner's Association		
	16. Hotel/Motel	35. Transportation	16 Professional, commercial		
	17. Import/Export	36. Utilities	industrial or trade associati		
	18, Insurance	37. Veterinary Medicine/Animal Care	17 Other		
	10 Legal Continue	\$29 Other PARKECCI Product Parkers			

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WILLIAM A. MUNDELL CHAIRMAN

JIM IRVIN

BRIAN C. MCNEIL EXECUTIVE SECRETARY

JOANNE C. MACDONNELL DIRECTOR, CORPORATIONS DIVISION

ARIZONA CORPORATION COMMISSION

MARC SPITZER COMMISSIONER

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

EMA OF MINNESOTA, INC. (FN) 1760 E RIVER RD #301

TUCSON

AZ 85718-

Effective Date: 10/23/2002

File No: F-0037019-0

Original Due Date:

October 21, 2002

Received: 08/19/02

We have deposited your check, however your annual report is being returned for the following reason(s):

- > Please indicate the number of shares issued on page 2, section 5.
- > Please date the signature on page 3, section 12.

NOTE: PURSUANT TO A.R.S. 10-1622.F.
TO AVOID PENALTIES AND POSSIBLE ADMINISTRATIVE DISSOLUTION, THIS
REPORT MUST BE RETURNED WITHIN 30 DAYS AFTER THE EFFECTIVE DATE OF
THIS NOTICE TO BE DEEMED TIMELY FILED.

* * IMPORTANT * *

TO SUCCESSFULLY PROCESS YOUR DOCUMENT, IT IS IMPERATIVE THAT YOU RETURN:

- 1) A COPY OF THIS LETTER,
- 2) ANY ANNUAL REPORT(S) WHICH ACCOMPANIED THIS LETTER, (CORRECTIONS MADE)
- 3) ANY OUTSTANDING FEE,
- 4) ANY OUTSTANDING PENALTY FUNDS

Corporations Division Telephone: 602-542-3285

AR: 0021

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Please Enter Corporation Name: EMA	OF MINNE	SOTA, NC CFN	File number <u>F-0 03/1 019-0</u> Page 3			
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9) Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filling a financial disclosure.						
9A. MEMBERS (A.R.S. § 10-11622.A.6) ©rily Nonprofit Corporations must answer this question. This corporation DOES □ DOES NOT □ have members.						
10. CERTIFICATE OF DISCLOSURE (A.F. Has ANY person serving either by election or apportion of the issued and outstanding common shall [Underlined portion pertains to business co	ointment as an officer, d ares or 10% of any other	rector, trustee, incorporator	and/or person controlling or holding more than membership interest in the corporation been:			
 Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate? Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate? Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of: (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction? 						
One box must be marked:	YES 🗆	NO Ø	·			
If "YES", the following information <u>must</u> of the actions stated in Items 1. through 3.	t be submitted as ar above.	attachment to this repoi	t for each person subject to one or more			
 Full name and prior names used. 	5.	Date and location of birth	.			
2. Full birth name.	6. 7.	Social Security Number	of each conviction or judicial action; the			
 Present home address. Prior addresses (for immediate preceding 7 year period). 		date and location; the court or cause number of the c	and public agency involved, and the file			
11. STATEMENT OF BANKRUPTCY, REC & 10-11623)						
A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES INO SI B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to business corporations only] One box must be marked: YES INO SI						
f "YES" to A and/or B, the tollowing infor						
 The state in which each corporation w The dates of concents operation. 	ras a) incorporated b) to	ansacted business	Micer, director, trustea or major stocificialer)			
 # any seroived person (listed in #1) has 	s been involved in any c	ther bankrupicy proceeding	within the past year, the name and address			
of each corporation. Case, Case manuer and Court where the Daime and address of court appointed.		d ar receiver appointed.				
12 SIGNATURES: Applicat Reports must	ne signed and dated	w at least one duly auth	onzes officer or they will be rejected.			
12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected. I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been lifed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.						
Name BARBARA J. HARER	Date //-5-02 Na	me	Date			
Signature Backer J Naver Signature Signature						
Title ASSISTANT SECRETARY LONTROUGETILE (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)						

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