

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

****				_ 2005	
ROFIT CORP	ORATION A	ANNUAL REP	ORT FOR THE Y	EAR 2005	_
iling Period: January 1		ung ree: 350.00			
FORM MUST BE TYPED IN Corporate ID No.	BLACK) 2. Name of Corpor	ration			
142867	EMJ CORPO	_			
1. Street Address Principal Bus	iness Office		City	State	Zip
2030 HAMILTON PL	**), SUITE 200	CHATTANOOGA	TN	37421-
. Business Phone No.		5. State of Incorporati	ion		6. SIC Code
423-855-1550		TENNESSEE			0059
. Brief Description of the Cha GENERAL CONTRACTOR	racter of Business Con	ducted in Rhode Island	•	•	•
	SSES OF THE OFF	TICERS ("X" BOX FOR A	TTACHMENT) 🛮 FILL IN SPA	CES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Jay Jolley			Strcei Address	•	
<i>Gree Address</i> 2030 Hamilton Pla	ce Blud Ste	200	Orter nuaress		
2030 Ramilicon Fla City	State	Zip	City	State	Zip
Chattanooga	TN	37421	City	2	_
ecretary Name	•••	3/121	Treasurer Name	• • •	
David Keller					
Street Address			Street Address		
2030 Hamilton Pla	ace Blvd STE	200			
City	State	Zip	City	State	Zip
Chattanooga	. TN	37421			
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN S Director Name	PACES BEFORE USING	ATTACHMENTS
Charles Lebovitz			Jim Sattler		
Street Address			. Street Address	· · · • • ·	
2030 Hamilton Place Blvd STE 500			2030 Hamilton Place Blvd STE 200		
Dity	State	Zip	City	State	`Zip
Chattanooga	' TN	37421	Chattanooga	TN	37421
Director Name		••••	Director Name	. ,	• • • •
Street Address			Sireei Address		
Ciry	· State	Zip	City —	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHME	vn □ • _
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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142867	FBC 02/25/0	5 _/ 01:44:23 PM		
File Date_	5/31	05		
Check No.	, ,	1024		
B _E				
FOR SECRETARY OF STATE LISE ONLY				

1,000 COMM \$70.00 PAR VALUE

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	
and that all statements contained h	erein are true and correct.
6) jall	2/25/05
Signature of Officer	Date
David Keller	
Print or Type Name of Officer	
Secretary	
Title of Officer	Form 630 12/01

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