

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003956

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: MCHALE PARTNERS, INC.

## Current Principal Place of Business:

519 W. 46TH ST.  
CHICAGO, IL 60609

## New Principal Place of Business:

## Current Mailing Address:

519 W. 46TH ST.  
CHICAGO, IL 60609

## New Mailing Address:

FEI Number: 36-4444313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE 101  
TALLAHASSEE, FL 323012960 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: CP ( ) Delete  
Name: SCANLON, MARTIN  
Address: 506 W. 42ND PLACE  
City-St-Zip: CHICAGO, IL 60609

Title: VCS ( ) Delete  
Name: MCHALE, DANIEL  
Address: 519 W. 46TH ST.  
City-St-Zip: CHICAGO, IL 60609

Title: DV ( ) Delete  
Name: ZARATE, RICHARD  
Address: 4332 S. EMERALD AVE.  
City-St-Zip: CHICAGO, IL 60609

Title: D ( ) Delete  
Name: GALVIN, PATRICK  
Address: 4519 S. WALLACE  
City-St-Zip: CHICAGO, IL 60609

Title: T ( ) Delete  
Name: CONNOLLY, MICHAEL  
Address: 4537 S. EMERALD AVE.  
City-St-Zip: CHICAGO, IL 60609

## 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:

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: MICHAEL CONNOLLY

T

04/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date