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B0072-6271 09/05/2018 8:38AM Rec'd by SD SOS

# ANNUAL REPORT

Foreign Limited Liability Company  
SDCL 47-34A-211; 59-11-24, 24.1

Secretary of State  
500 E. Capitol Ave  
Pierre, SD 57501-5070  
(605) 773-4845

**2018**  
FILING YEAR

Please Type or Print Clearly in Ink  
Please submit one Original  
Make payable to the SECRETARY OF STATE

|                  |
|------------------|
| Filing Fee: \$50 |
| <hr/>            |
| Total Fee: \$50  |

1. Business ID and Name:

**FL005920**  
BUSINESS ID

**EMCON IT LLC**  
BUSINESS NAME

2. The jurisdiction under whose law it is formed NEW JERSEY

3. The address of the principal executive office (business address):

Actual Street Address

**74 BRICK BLVD  
STE 204  
BRICK, NJ 08723**

Mailing Address

**74 BRICK BLVD  
STE 204  
BRICK, NJ 08723**

4. The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, or (b) a commercial registered agent.

(b) The South Dakota Commercial Registered Agent's name & CRA#

CRA: INCORP SERVICES, INC. (0000010)

Actual Street Address in this State

**400 N MAIN AVE  
STE 206  
SIOUX FALLS, SD 57104-5979**

Mailing Address in this State

5. If the LLC is manager-managed, list the names and addresses of its manager(s). SDCL 59-11-24. If the LLC is member-managed, this section may be left blank

6. Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

| Name                 | Address                               |
|----------------------|---------------------------------------|
| <b>Michael Gnapp</b> | <b>74 Brick Blvd, Brick, NJ 08723</b> |

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

09/05/2018

Dated

Email (Optional)

*MICHAEL GNAPP*

Signature of an Authorized Person

**MICHAEL GNAPP**

Printed Name