

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005097

FILED
Mar 20, 2009
Secretary of State

Entity Name: ENGINEERED COOLING SERVICES, INC.

Current Principal Place of Business:

2442 EXECUTIVE PLAZA
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

2442 EXECUTIVE PLAZA
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 87-0769487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: QUINN, THOMAS H
Address: 1751 LAKE COOK ROAD, SUITE 550
City-St-Zip: DEERFIELD, IL 60015

Title: VPAS () Delete
Name: NELSON, GORDON L
Address: 875 N. MICHIGAN AVENUE, SUITE 4020
City-St-Zip: CHICAGO, IL 60611

Title: VPD () Delete
Name: BUTLER, DAVID M
Address: 767 FIFTH AVE - 48TH FLOOR
City-St-Zip: NEW YORK, NY 10153

Title: P () Delete
Name: DOYLE, PETER W
Address: 2442 EXECUTIVE PLAZA
City-St-Zip: PENSACOLA, FL 32504

Title: CFO () Delete
Name: ADAMS, DREW
Address: 2442 EXECUTIVE PLAZA
City-St-Zip: PENSACOLA, FL 32504

Title: AS () Delete
Name: RIST, STEVEN L
Address: 4520 MAIN ST - STE 1100
City-St-Zip: KANSAS CITY, MO 64111

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:

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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: STEVEN L. RIST

AS

03/20/2009

Electronic Signature of Signing Officer or Director

Date