

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001807

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: EMERGENCY SERVICES CONSULTING, INC.

**Current Principal Place of Business:**

25200 SW PARKWAY AVE.  
SUITE 3  
WILSONVILLE, OR 97070

**New Principal Place of Business:**

**Current Mailing Address:**

25200 SW PARKWAY AVE.  
SUITE 3  
WILSONVILLE, OR 97070

**New Mailing Address:**

FEI Number: 23-2826074      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: P ( ) Delete  
Name: SNOOK, JACK W  
Address: 25200 SW PARKWAY AVE.  
City-St-Zip: WILSONVILLE, OR 97070

Title: V ( ) Delete  
Name: CALDWELL, BRUCE W  
Address: 25200 SW PARKWAY AVE.  
City-St-Zip: WILSONVILLE, OR 97070

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: KOUWE, PHILIP A  
Address: 10625 BUTTERNUT RD  
City-St-Zip: CHESTERLAND, OH 44026

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK W SNOOK

P

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date