
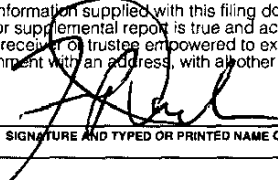


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90003 013 \*\*\*150.00

<b>DOCUMENT # F02000003122</b> 1. Entity Name <b>EMCOR FACILITIES SERVICES, INC.</b>					
Principal Place of Business <b>101 MERRITT SEVEN NORWALK, CT 06851</b>			Mailing Address <b>301 MARRITT SEVEN NORWALK, CT 06851</b>		
2. Principal Place of Business <b>320 23rd Street South</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Arlington, VA</b> Zip <b>2202</b>			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>USA</b>		
4. FEI Number <b>06-1455467</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, JEFFREY M 101 MERRITT SEVEN NORWALK, CT 06851	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOSTER, TREVOR M 101 MERRITT SEVEN NORWALK, CT 06851	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATZ, R. KEVIN 101 MERRITT SEVEN NORWALK, CT 06851	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDEN, JED 101 MERRITT SEVEN NORWALK, CT 06851	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAKER, ANTHONY I 306 NORTHERN AVENUE BOSTON, MA 02205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONELAN, FRANK 101 MERRITT SEVEN NORWALK, CT 06851	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeffrey M. Levy 301 Merritt Seven Norwalk, CT 06851	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer/President William A. Rodgers, Jr. 320 23th Street South, Suite 100 Arlington, VA 22202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President R. Kevin Matz 301 Merritt Seven Norwalk, CT 06851	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jed Linden 301 Merritt Seven Norwalk, CT 06851	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Senior VP Steve Gulley 320 23rd Street South, Suite 100 Arlington, VA 22202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Frank Donelan 301 Merritt Seven Norwalk, CT 06851	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
<b>SIGNATURE:</b> 				<b>Frank Donelan, Secretary</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>02/19/04</b>	

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01202004 Chg-P CR2E034 (10/03)