

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003122

Entity Name: EMCOR FACILITIES SERVICES, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

320 23RD STREET SOUTH
SUITE 100
ARLINGTON, VA 22202

New Principal Place of Business:

301 MARRITT SEVEN
NORWALK, CT 06851

301 MERRITT SEVEN
NORWALK, CT 06851

FEI Number: 06-1455467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D (X) Delete
Name: LEVY, JEFFREY M
Address: 301 MERRITT SEVEN
City-St-Zip: NORWALK, CT 06851

Title: CFOP () Delete
Name: RODGERS, WILLIAM A JR
Address: 320 23RD STREET SOUTH, SUITE 100
City-St-Zip: ARLINGTON, VA 22202

Title: VP () Delete
Name: MATZ, R. KEVIN
Address: 301 MERRITT SEVEN
City-St-Zip: NORWALK, CT 06851

Title: VP () Delete
Name: LINDEN, JED
Address: 301 MERRITT SEVEN
City-St-Zip: NORWALK, CT 06851

Title: VP () Delete
Name: SHAKER, ANTHONY I
Address: 306 NORTHERN AVENUE
City-St-Zip: BOSTON, MA 02205

Title: S (X) Delete
Name: DONELAN, FRANK
Address: 101 MERRITT SEVEN
City-St-Zip: NORWALK, CT 06851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP/D (X) Change () Addition
Name: MATZ, R. KEVIN
Address: 301 MERRITT SEVEN
City-St-Zip: NORWALK, CT 06851

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

Title: VP/S (X) Change () Addition
Name: SPERA, JOHNNA I
Address: 320 23RD STREET SOUTH, SUITE 100
City-St-Zip: ARLINGTON, VA 22202

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 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 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: R. KEVIN MATZ

VP/D

01/07/2005

Electronic Signature of Signing Officer or Director

Date