## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000003122

Entity Name: EMCOR FACILITIES SERVICES, INC.

FILED Mar 05, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
301 MERRI 6TH FLOOF NORWALK	₹					
Current Mailing Address:			New Mailir	New Mailing Address:		
301 MERRI NORWALK						
FEI Number: (	06-1455467	FEI Number Applied For ( ) FE	l Number Not Appli	licable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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:						
	Electroni	c Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOP () RODGERS, WIL 301 MERRITT S NORWALK, CT	EVEN	Title: Name: Address: City-St-Zip:	CEOP (X) Change ( ) Addition GUZZI, ANTHONY J 301 MERRITT SEVEN NORWALK, CT 06851		
Title: Name: Address: City-St-Zip:	VP/D () MATZ, R. KEVIN 301 MERRITT S NORWALK, CT		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CFOT () DABROWSKI, E 301 MERRITT S NORWALK, CT	EVEN	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	S () DONELAN, FRAI 301 MERRITT S NORWALK, CT	EVEN	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CRAIG, KEVIN	Delete LT BLVD., SUITE A A 19114	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BORDES, MICH	ET SOUTH, SUITE 100	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: R KEVIN MATZ VP 03/05/2008