

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90044 035 ***150.00

DOCUMENT # F02000003122

1. Entity Name
EMCOR FACILITIES SERVICES, INC.



Principal Place of Business
**101 MERRITT SEVEN
NORWALK CT 06851**

Mailing Address
**101 MERRITT SEVEN
NORWALK CT 06851**

30005816



2. Principal Place of Business

3. Mailing Address
301 Merritt Seven

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6th Floor

City & State

City & State
Norwalk, CT 06851

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1455467**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	LEVY, JEFFREY M	101 MERRITT SEVEN	NORWALK CT 06851				
VP	FOSTER, TREVOR M	101 MERRITT SEVEN	NORWALK CT 06851				
VP	MATZ, R. KEVIN	101 MERRITT SEVEN	NORWALK CT 06851				
VP	LINDEN, JED	101 MERRITT SEVEN	NORWALK CT 06851				
VP	SHAKER, ANTHONY I	306 NORTHERN AVENUE	BOSTON MA 02205				
S	DONELAN, FRANK	101 MERRITT SEVEN	NORWALK CT 06851				

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Kevin Matz,

1/15/03

(203) 849-7800

Date

Daytime Phone #

CR2E034 (10/02)