2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# F04000000658

Entity Name: VIOX SERVICES, INC.

Current Principal Place of Business:

15 WEST VOORHEES ST.
CINCINNATI, OH 45215

New Principal Place of Business:

Current Mailing Address:

C/O EMCOR GROUP, INC. 301 MERRITT SEVEN
6TH FLOOR
NORWALK, CT 06851

New Mailing Address:

FEI Number: 31-0873334 **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:	VP	(X) Delete
Name:	CRAIG, KEVIN R	
Address:	790 TOWNSHIP LINE RD., SUITE 150	
City-St-Zip:	YARDLEY, PA 19067	
Title:	P	( ) Delete
Name:	VIOX, MICHAEL R	
Address:	15 WEST VOORHEES STREET	
City-St-Zip:	CINCINNATI, OH 45215	
Title:	S	( ) Delete
Name:	DONELAN, FRANK	
Address:	301 MERRITT SEVEN, 6TH FLOOR	
City-St-Zip:	NORWALK, CT 06851	
Title:	VP	( ) Delete
Name:	ESTES, JOHNATHAN W	
Address:	15 WEST VORHEES	
City-St-Zip:	CINCINNATI, OH 45215	
Title:	VAS	( ) Delete
Name:	VIOX, DANIEL J	
Address:	15 WEST VOORHEES STREET	
City-St-Zip:	CINCINNATI, OH 45215	
Title:	VPT	( ) Delete
Name:	EBENSCHWEIGER, JAMES	
Address:	15 WEST VOORHEES STREET	
City-St-Zip:	CINCINNATI, OH 45215	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	MAURICIO, MAXINE	
Address:	301 MERRITT SEVEN, 6TH FLOOR	
City-St-Zip:	NORWALK, CT 06851	
Title:	DVP	(X) Change ( ) Addition
Name:	BORDES, MICHAEL P	
Address:	960 INDUSTRIAL DRIVE	
City-St-Zip:	ELMHURTS, IL 60126	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: MAXINE MAURICIO S 04/02/2009

Electronic Signature of Signing Officer or Director — Date