2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2012
Secretary of State

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Entity Name: MUNICIPAL EMERGENCY SERVICES, INC.

Current Principal Place of Business:

7 POVERTY ROAD
85H BENNETT SQUARE
SOUTHBURY, CT 06488

New Principal Place of Business:

Current Mailing Address:

PO BOX 656
SOUTHBURY, CT 06488

New Mailing Address:

FEI Number: 65-1051374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: HUBREGSEN, THOMAS X CEO
Address: 7 POVERTY ROAD, 85H BENNETT SQUARE
City-St-Zip: SOUTHBURY, CT 06488

Title: CFOD
Name: BONNET, MICHAEL F
Address: 405 PARK AVENUE, SUITE 701
City-St-Zip: NEW YORK, NY 10022

Title: D
Name: HUBREGSEN, ANDY
Address: 405 PARK AVENUE, SUITE 701
City-St-Zip: NEW YORK, NY 10022

Title: V
Name: JOHNSON, JEFFREY R
Address: 7 POVERTY ROAD, 85H BENNETT SQUARE
City-St-Zip: SOUTHBURY, CT 06488

Title: V
Name: SKARYAK, JOHN
Address: 7 POVERTY ROAD, 85H BENNETT SQUARE
City-St-Zip: SOUTHBURY, CT 06488

I hereby 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 all other like empowered.

SIGNATURE: THOMAS X HUBREGSEN PD 01/17/2012

Electronic Signature of Signing Officer or Director Date