2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000003608

1. Entity Name

E M C ENGINEERS, INC.



FILED Apr 09, 2004 08:00 AM Secretary of State

Principal Place of Business

350 INDIANA STREET

SUITE 350 **GOLDEN, CO 80401** Mailing Address

350 INDIANA STREET

SUITE 350 GOLDEN, CO 80401



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 84-0715690 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 site if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

000000107947 04/09/04-80035 013 150.60

10. OFFICERS AND DIRECTORS TITLE YOUNG, ERIC J NAME STREET ADDRESS 16143 CANYON WREN WAY MORRISON, CO CITY-ST-ZIP TITLE DAVENPORT, DONALD L NAME 14215 W EVANS CIRCLE STREET ADDRESS CITY-ST-ZIP LAKEWOOD, CO ST TITLE ANDERSON, RAY NAME STREET ADDRESS 6119 W 70TH AVE CITY-ST-ZIP ARVADA, CO 80003 LUNDSTROM, CARL E NAME STREET ADDRESS 3708 UPLAND DRIVE CITY ST-ZIP MARIETTA, GA FITLE GRAY, DOUGLAS W NAME STREET ADDRESS 420 ROSALIE COURT ALPHARETTA, GA City-ST-ZIP 3111 NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 4