2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M07000007398

Entity Name: EMS LAND & ENVIRONMENTAL SERVICES, LLC

Current Principal Place of Business:

109 FIELDVIEW DR
VERSAILLES, KY 40383

New Principal Place of Business:

Current Mailing Address:

PO BOX 1007
VERSAILLES, KY 40383

New Mailing Address:

FEI Number: 61-1543742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HATHORNE, CHRIS	
Address:	P O BOX 1007 - 109 FIELDVIEW DR	
City-St-Zip:	VERSAILLES, KY 40383	
Title:	MGRM	( ) Delete
Name:	HONN, THOMAS DALE	
Address:	PO BOX 1007	
City-St-Zip:	VERSAILLES, KY 40383	
Title:	MGRM	( ) Delete
Name:	SMITH, MARY A	
Address:	PO BOX 1007	
City-St-Zip:	VERSAILLES, KY 40383	
Title:	MGRM	( ) Delete
Name:	BROWN, STUART E	
Address:	PO BOX 1007	
City-St-Zip:	VERSAILLES, KY 40383	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	ENERGY MANAGEMENT & SERVICES CO.	
Address:	PO BOX 1007	
City-St-Zip:	VERSAILLES, KY 40383	
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY A. SMITH CAO 04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date