

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002489

Entity Name: MUNICIPAL EMERGENCY SERVICES, INC.**Current Principal Place of Business:**7 POVERTY ROAD
85H BENNETT SQUARE
SOUTHBURY, CT 06488**Current Mailing Address:**PO BOX 656
SOUTHBURY, CT 06488**FEI Number:** 65-1051374**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

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

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

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

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

Title V
Name JOHNSON, JEFFREY R
Address 7 POVERTY ROAD, 85H BENNETT SQUARE
City-State-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 HUBREGSEN

PRESIDENT

02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date