

1.) CORPORATION NAME:

**Energy EMS Services Co. (USED IN VA. BY:  
ENERGYMANAGEMENT AND SERVICES COMPANY)**

DUE DATE: **6/30/2012**

SCC ID NO: **F1342254**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**KY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 109 FIELDVIEW DRIVE  
PO BOX 1007

CITY/ST/ZIP: VERSAILLES, KY 40383

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: THOMAS DALE HONN TITLE: PRESIDENT ADDRESS: 109 FIELDVIEW DRIVE CITY/ST/ZIP/CO: VERSAILLES, KY 40383</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARY SMITH TITLE: VP ADMIN/S ADDRESS: 109 FIELDVIEW DRIVE CITY/ST/ZIP/CO: VERSAILLES, KY 40383</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: C. DAVID BARONE TITLE: COO ADDRESS: 109 FIELDVIEW DR CITY/ST/ZIP/CO: VERSAILLES, KY 40383</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J.D. Lormand TITLE: DIRECTOR ADDRESS: 109 Fieldview Dr. CITY/ST/ZIP/CO: Versailles, KY 40383</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Jamey Brown TITLE: DIRECTOR ADDRESS: 109 Fieldview Dr. CITY/ST/ZIP/CO: Versailles, KY 40383</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: John Brooks TITLE: DIRECTOR ADDRESS: 109 Fieldview Dr. CITY/ST/ZIP/CO: Versailles, KY 40383</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Jack Lucido	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	109 Fieldview Dr.		
CITY/ST/ZIP/CO:	Versailles, KY 40383		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARY SMITH	MARY SMITH, VP ADMIN/S	6/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.