

1.) CORPORATION NAME:

EMERGENCY CONSULTANTS, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1452335**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4075 COPPER RIDGE DR

CITY/ST/ZIP: TRAVERSE CITY, MI 49684-4796

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.

NAME:	DERIK K KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4075 COPPER RIDGE DRIVE		
CITY/ST/ZIP/CO:	TRAVERSE CITY, MI 49684		
NAME:	RANDY N HOWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4075 COPPER RIDGE DRIVE		
CITY/ST/ZIP/CO:	TRAVERSE CITY, MI 49684		
NAME:	RANDY N HOWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHF ADMIN OFCR		
ADDRESS:	4075 COPPER RIDGE DRIVE		
CITY/ST/ZIP/CO:	TRAVERSE CITY, MI 49684		
NAME:	RANDY N HOWELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4075 COPPER RIDGE DRIVE		
CITY/ST/ZIP/CO:	TRAVERSE CITY, MI 49684		
NAME:	DERIK K KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	4075 COPPER RIDGE DRIVE		
CITY/ST/ZIP/CO:	TRAVERSE CITY, MI 49684		
NAME:	MARK A BURNHEIMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4075 COPPER RIDGE DRIVE		
CITY/ST/ZIP/CO:	TRAVERSE CITY, MI 49684		

NAME: JEFFREY A SCHWARTZ TITLE: DIRECTOR ADDRESS: 4075 COPPER RIDGE DRIVE CITY/ST/ZIP/CO: TRAVERSE CITY, MI 49684	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT M WILLIAMS TITLE: DIRECTOR ADDRESS: 4075 COPPER RIDGE DRIVE CITY/ST/ZIP/CO: TRAVERSE CITY, MI 49684	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARK A BURNHEIMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK A BURNHEIMER, DIRECTOR PRINTED NAME AND CORPORATE TITLE	12/17/2013 DATE
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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.