2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2023
Secretary of State
1486362652CC

DOCUMENT# M02000002898

Entity Name: NETWORK SUPPORT COMPANY, LLC

Current Principal Place of Business:

7 KENOSIA AVENUE
DANBURY, CT 06810

Current Mailing Address:

7 KENOSIA AVENUE
DANBURY, CT 06810 US

FEI Number: 06-1459127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1780 WELHAM STREET
APT 429
ORLANDO, FL 32814 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

Authorized Person(s) Detail :

Title	MANAGER
Name	MICHELLE, ACCARDI
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Title	MANAGER
Name	CONEY, MICHAEL
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Title	MANAGER
Name	POWERLL, KEN
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Title	MANAGER
Name	TATARINOV, KIRILL
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Title	MANAGER
Name	CLAUDIO, CHRISTOPHER
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Title	MANAGER
Name	GRAHAM, NANCY
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Title	MANAGER
Name	SCHLACHET, LOREN J.
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Title	MANAGER
Name	WILLIAMS, MICHAEL
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810

Continues on page 2

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARL NOONE — CHIEF FINANCIAL OFFICER — 02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	CFO
Name	NOONE, KARL
Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810