

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003073

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC4280517091**

**Entity Name:** ABA NET LLC

**Current Principal Place of Business:**

2400 RESEARCH BLVD, SUITE 210  
ROCKVILLE, MD 20850

**Current Mailing Address:**

2400 RESEARCH BLVD, SUITE 210  
ROCKVILLE, MD 20850

**FEI Number:** 04-3827346

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGR  
Name CAUSEVIC, MIRSA  
Address 2400 RESEARCH BLVD, SUITE 210  
City-State-Zip: ROCKVILLE MD 20850

Title MGR  
Name FLAVIN, GERARD  
Address 6754 NO. GRAPE CREEK ROAD  
City-State-Zip: FREDERICKSBURG TX 78624

Title CHIEF OF STAFF  
Name CAUSEVIC, DELILA  
Address 2400 RESEARCH BLVD, SUITE 210  
City-State-Zip: ROCKVILLE MD 20850

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DELILA CAUSEVIC

**CHIEF OF STAFF**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date