

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000718

Entity Name: LGS INNOVATIONS LLC**Current Principal Place of Business:**13665 DULLES TECHNOLOGY DRIVE
SUITE 301
HERNDON, VA 20171-4639**Current Mailing Address:**900 NORTH POINT PKWY RM 92N420D
ATTN: BUSINESS LICENSE DEPT
ALPHARETTA, GA 30005 US**FEI Number:** 03-0602415**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	PFAFF, DEBRA
Address	5440 MILLSTREAM ROAD
City-State-Zip:	MC LEANSVILLE NC 27301

Title	MGR
Name	GARSON, MICHAEL
Address	13665 DULLES TECHNOLOGY DRIVE
City-State-Zip:	HERNDON VA 20171

Title	MGR
Name	KELLY, KEVIN W
Address	13665 DULLES TECHNOLOGY DRIVE
City-State-Zip:	HERNDON VA 20171

Title	MGR
Name	SLANE, MICHAEL J
Address	5440 MILLSTREAM RD STE E200
City-State-Zip:	MCLEANSVILLE NC 27301-9275

Title	MGR
Name	BATTLE, DORIS J
Address	800 N POINT PKWY
City-State-Zip:	ALPHARETTA GA 30005

Title	MGR
Name	PATRICK, J C
Address	5440 MILLSTREAM RD STE E200
City-State-Zip:	MCLEANSVILLE NC 27301-9275

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: DORIS BATTLE**MANAGER****03/26/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date