

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004251

Entity Name: PERATON ENTERPRISE SOLUTIONS LLC**Current Principal Place of Business:**15050 CONFERENCE CENTER DR.
CHANTILLY, VA 20151**Current Mailing Address:**1875 EXPLORER STREET
2ND FLOOR
RESTON, VA 20190 US**FEI Number:** 75-2548221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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 AUTHORIZED MEMBER
Name PERATON HC LLC
Address 1875 EXPLORER STREET
2ND FLOOR
City-State-Zip: RESTON VA 20190

Title PRESIDENT
Name SHEA, K. STUART
Address 1875 EXPLORER STREET
2ND FLOOR
City-State-Zip: RESTON VA 20190

Title SECRETARY
Name WINNER, JAMES M.
Address 1875 EXPLORER STREET
2ND FLOOR
City-State-Zip: RESTON VA 20190

Title TREASURER
Name SHARP, KENNETH P.
Address 1875 EXPLORER STREET
2ND FLOOR
City-State-Zip: RESTON VA 20190

Title VP
Name WENSINGER, JEREMY C.
Address 1875 EXPLORER STREET
2ND FLOOR
City-State-Zip: RESTON VA 20190

Title ASST. TREASURER, COMPTROLLER
Name LUEBKE, WILLIAM G.
Address 1875 EXPLORER STREET
2ND FLOOR
City-State-Zip: RESTON VA 20190

Title ASST. TREASURER
Name MILLER, HENRY M.
Address 1875 EXPLORER STREET
2ND FLOOR
City-State-Zip: RESTON VA 20190

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: JAMES M. WINNER**SECRETARY****04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date