

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001075

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC7235058682**

**Entity Name:** A.T. KEARNEY PUBLIC SECTOR AND DEFENSE SERVICES, LLC

**Current Principal Place of Business:**

1300 WILSON BLVD, STE 1050  
ARLINGTON, VA 22209

**Current Mailing Address:**

1300 WILSON BLVD, STE 1050  
ARLINGTON, VA 22209

**FEI Number:** 26-1160279

**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	PRES	Title	CHIEF ADMINISTRATIVE OFFICER
Name	SORENSEN, JEFFREY A	Name	DEVEY, JAMES R
Address	1300 WILSON BLVD, STE 1050	Address	1300 WILSON BLVD, STE 1050
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209

*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 R DEVEY

**CHIEF ADMINISTRATIVE OFFICER**      **02/26/2014**

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

\_\_\_\_\_  
Date