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 u	ınder			
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.				

Electronic Signature of Signing Authorized Person(s) Detail

1300 WILSON BLVD, STE 1550A

### 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

#### Authorized Person(s) Detail :

Title	MEMBER	Title	CHIEF ADMINISTRATIVE OFFICER
Name	A.T. KEARNEY, INC.	Name	DEVEY, JAMES R
Address	1300 WILSON BLVD, STE 1550A	Address	1300 WILSON BLVD, STE 1550A
City-State-Zip:	ARLINGTON VA 22209	City-State-Zip:	ARLINGTON VA 22209

SECRETARY

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# M1000001075

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

## **Current Principal Place of Business:**

1300 WILSON BLVD, STE 1550A ARLINGTON, VA 22209

# **Current Mailing Address:**

ARLINGTON, VA 22209 US

FEI Number: 26-1160279

01/13/2023 Date

Date

Certificate of Status Desired: No

FILED Jan 13, 2023 Secretary of State 6693230483CC