

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001075

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

FILED
Feb 13, 2024
Secretary of State
7621882720CC

Current Principal Place of Business:

1300 WILSON BLVD, STE 1550A
ARLINGTON, VA 22209

Current Mailing Address:

1300 WILSON BLVD, STE 1550A
ARLINGTON, VA 22209 US

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 MEMBER
Name A.T. KEARNEY, INC.
Address 227 W MONROE ST
City-State-Zip: CHICAGO IL 60606

Title CHIEF ADMINISTRATIVE OFFICER,
SECRETARY
Name WILLIAMS, AMINAH
Address 1300 WILSON BLVD, STE 1550A
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name BUNCH, ARNOLD
Address 1300 WILSON BLVD, STE 1550A
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name SCHIAO, CARY
Address 1300 WILSON BLVD, STE 1550A
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name HAMMER, JAMES
Address 1300 WILSON BLVD, STE 1550A
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name MCALEESE, JAMES
Address 1300 WILSON BLVD, STE 1550A
City-State-Zip: ARLINGTON VA 22209

Title PRESIDENT, DIRECTOR
Name MARTIN, JOE
Address 1300 WILSON BLVD, STE 1550A
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name HARVEY, JOHN
Address 1300 WILSON BLVD, STE 1550A
City-State-Zip: ARLINGTON VA 22209

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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: AMINAH WILLIAMS

SECRETARY

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR

Name RYAN, SEAN

Address 1300 WILSON BLVD, STE 1550A

City-State-Zip: ARLINGTON VA 22209