

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000185

**Entity Name:** GENEX NETWORK SERVICES, LLC**Current Principal Place of Business:**440 EAST SWEDESFORD ROAD, SUITE 1000  
WAYNE, PA 19087**Current Mailing Address:**440 EAST SWEDESFORD ROAD, SUITE 1000  
WAYNE, PA 19087**FEI Number: 27-4380463****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MADEJA, PETER
Address	440 EAST SWEDESFORD ROAD, SUITE 1000
City-State-Zip:	WAYNE PA 19087

Title	SECRETARY
Name	WOLF, MICHAEL G
Address	440 EAST SWEDESFORD ROAD, SUITE 1000
City-State-Zip:	WAYNE PA 19087

Title	TREASURER
Name	KEOHANE, JOHN D
Address	440 EAST SWEDESFORD ROAD, SUITE 1000
City-State-Zip:	WAYNE PA 19087

*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: MICHAEL G. WOLF****CONTROLLER****03/22/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date