

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004348

**Entity Name:** MISSION SOLUTIONS, LLC

**Current Principal Place of Business:**

7000 MUIRKIRK MEADOWS DRIVE  
SUITE 100  
BELTSVILLE, MD 20705

**Current Mailing Address:**

7000 MUIRKIRK MEADOWS DRIVE  
SUITE 100  
BELTSVILLE, MD 20705 US

**FEI Number:** 27-0473810

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 MGR  
Name FOUSE, RONALD  
Address 7000 MUIRKIRK MEADOWS DRIVE  
SUITE 100  
City-State-Zip: BELTSVILLE MD 20705

Title ASSISTANT SECRETARY  
Name AHSOAK, JOSHUA  
Address 7000 MUIRKIRK MEADOWS DRIVE  
SUITE 100  
City-State-Zip: BELTSVILLE MD 20705

Title MGR  
Name DILLAHAY, PAUL  
Address 7000 MUIRKIRK MEADOWS DRIVE  
SUITE 100  
City-State-Zip: BELTSVILLE MD 20705

*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: RONALD FOUSE**

**SECRETARY**

**03/31/2014**

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

\_\_\_\_\_  
Date