

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003140

**Entity Name:** APTIM FEDERAL SERVICES, LLC

**Current Principal Place of Business:**

1725 DUKE STREET  
ATTN: MELISSA HARRELL  
ALEXANDRIA, VA 22314

**FILED**  
**May 02, 2018**  
**Secretary of State**  
**CC3868858862**

**Current Mailing Address:**

4171 ESSEN LANE  
ATTN: MELISSA HARRELL  
BATON ROUGE, LA 70809 US

**FEI Number: 41-2042864**

**Certificate of Status Desired: No**

**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            PRESIDENT, DIRECTOR  
Name            BOONE, DAVID  
Address        4171 ESSEN LANE  
                  ATTN: MELISSA HARRELL  
City-State-Zip: BATON ROUGE LA 70809

Title            DIRECTOR  
Name            BAUGHMAN, GARY  
Address        4171 ESSEN LANE  
                  ATTN: MELISSA HARRELL  
City-State-Zip: BATON ROUGE LA 70809

Title            VP, TAX  
Name            WEISS, JON-PAUL  
Address        4171 ESSEN LANE  
                  ATTN: MELISSA HARRELL  
City-State-Zip: BATON ROUGE LA 70809

Title            FACILITY SECURITY OFFICER,  
                  TECHNOLOGY CONTROL OFFICER  
Name            MALLORY, STUART  
Address        4171 ESSEN LANE  
                  ATTN: MELISSA HARRELL  
City-State-Zip: BATON ROUGE LA 70809

Title            TREASURER  
Name            MATEN, MARK  
Address        4171 ESSEN LANE  
                  ATTN: MELISSA HARRELL  
City-State-Zip: BATON ROUGE LA 70809

Title            SECRETARY  
Name            BASS, WADE  
Address        1725 DUKE STREET  
                  ATTN: MELISSA HARRELL  
City-State-Zip: ALEXANDRIA VA 22314

*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: WADE BASS**

**SECRETARY**

**05/02/2018**

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

\_\_\_\_\_  
Date