

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000001710

**Entity Name:** ONE DOT SIX LLC**Current Principal Place of Business:**10802 PARKRIDGE BLVD.  
RESTON, VA 20191**Current Mailing Address:**10802 PARKRIDGE BLVD.  
RESTON, VA 20191 US**FEI Number:** 27-0818763**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 MANAGER  
Name HUNDT, REED  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title MANAGER  
Name HENDRICKS, JARED  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title MANAGER  
Name FISCHER, JOHN S.  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title MANAGER  
Name HURLEY, ALFRED  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title MANAGER  
Name DONAHUE, TIM  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title MANAGER, PRESIDENT, CEO  
Name SMITH, DOUGLAS  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title MANAGER  
Name SEIDENBERG, IVAN  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title TREASURER  
Name BOUGHTON, BRENDAN  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

**Continues on page 2**

*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:** BRENDAN BOUGHTON**TREASURER****04/19/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title SECRETARY  
Name GREEN, VALERIE  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title CFO  
Name HARRINGTON, ERIC  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title ASST. SECRETARY  
Name CREARY, ELIZABETH  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191

Title MANAGER  
Name BABBIO, LAWRENCE T  
Address 10802 PARKRIDGE BLVD.  
City-State-Zip: RESTON VA 20191