

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003391

Entity Name: APTIM GOVERNMENT SOLUTIONS, LLC**Current Principal Place of Business:**4171 ESSEN LANE
BATON ROUGE, LA 70809**Current Mailing Address:**4171 ESSEN LANE
ATTN: MELISSA HARRELL
BATON ROUGE, LA 70809 US**FEI Number:** 75-3044680**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORTION SYSTEM
1200 S PINE ISLAND RD
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	VP
Name	DOWNEY, STEVEN T
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

Title	AUTHORIZED MEMBER
Name	APTIM CORP.
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

Title	SECRETARY
Name	BASS, WADE
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

Title	PRESIDENT, CEO
Name	DONNELLY, MICHAEL
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

Title	VP
Name	LOWE, BRADLEY
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

Title	ASST. SECRETARY
Name	BUTTERFIELD, BENJAMIN
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

Title	ASST. SECRETARY
Name	KINDLER, TODD
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

Title	TREASURER
Name	GRIFFIN, KAY
Address	4171 ESSEN LANE
City-State-Zip:	BATON ROUGE LA 70809

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****04/23/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date