

2021 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 SECRETARY
Name BASS, WADE
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 KINDLER, TODD
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 PRESIDENT, CEO
Name FALLON, MARK
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 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****04/14/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date