## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000008210

Entity Name: FOURTH DIMENSION ENGINEERING LLC

**Current Principal Place of Business:** 

5450 TECH CENTER DR

SUITE 400

COLORADO SPRINGS, CO 80919

**Current Mailing Address:** 

16055 SPACE CENTER BLVD #725 HOUSTON, TX 77062 US

FEI Number: 26-0644937 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION 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

**FILED** Mar 19, 2024

**Secretary of State** 

4535978895CC

Authorized Person(s) Detail:

Title **MANAGER** Title ASST. SECRETARY Name KOLLOWAY, MICHAEL R Name DALVI. ASHAY V

Address 1422 S. TRYON ST. STE. 800 Address 100 WEST WALNUT STREET

City-State-Zip: PASADENA CA 91124 City-State-Zip: CHARLOTTE NC 28203

Title **TREASURER** Title VP, ASST. SECRETARY

Name SCHREIMAN, DAVID E Name RADIN, MARC S Address 5875 TRINITY PKWY. #140 Address 100 W. WALNUT ST. CENTREVILLE VA 20120 City-State-Zip: PASADENA CA 91124 City-State-Zip:

Title Title ASST. TREASURER, ASST.

SECRETARY Name

BETANCOURT, JOSE Name WALKER-LANZ, PAUL

100 WEST WALNUT STREET Address Address 100 WEST WALNUT STREET

City-State-Zip: PASADENA CA 91124 City-State-Zip: PASADENA CA 91124

Title MANAGER

Title **PRESIDENT** Name OFILOS, MATTHEW

Name KUSHIN, MICHAEL Address 14291 PARK MEADOW DR. STE. 100

13461 SUNRISE VALLEY DR. STE.400 Address City-State-Zip: CHANTILLY VA 20151

City-State-Zip: HERDON VA 20171

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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: MICHAEL R KOLLOWAY

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

03/19/2024

Date

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

Title EXEC VP

Name SMITH, CAREY A

Address 14291 PARK MEADOW DR. STE. 100

City-State-Zip: CHANTILLY VA 20151