

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003066

**Entity Name:** CLIENT NETWORK SERVICES, LLC**Current Principal Place of Business:**2277 RESEARCH BLVD.  
ROCKVILLE, MD 20850**Current Mailing Address:**2277 RESEARCH BLVD.  
ROCKVILLE, MD 20850 US**FEI Number:** 52-1872098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 MEMBER  
Name CNSI INTERMEDIATE, LLC  
Address 2277 RESEARCH BLVD  
City-State-Zip: ROCKVILLE MD 20850

Title GENERAL COUNSEL, MANAGER  
Name MORSE, ARNOLD  
Address 2277 RESEARCH BLVD.  
City-State-Zip: ROCKVILLE MD 20850

Title CEO  
Name STOTTLEMYER, TODD  
Address 2277 RESEARCH BLVD.  
City-State-Zip: ROCKVILLE MD 20850

Title PRESIDENT, COO  
Name MCCORD, ROBERT  
Address 2277 RESEARCH BLVD.  
City-State-Zip: ROCKVILLE MD 20850

Title CFO  
Name DAVID, ADAMS  
Address 2277 RESEARCH BLVD.  
City-State-Zip: ROCKVILLE MD 20850

*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:** ARNOLD MORSE

MANAGER

03/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date