

2022 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.
5237 SUMMERLIN COMMONS BLVD, SUITE 400
FORT MYERS, FL 33907 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****03/10/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date