

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000007706

**Entity Name:** VRICON SYSTEMS LLC**Current Principal Place of Business:**2325 DULLES CORNER BLVD.  
SUITE 1000  
HERNDON, VA 20171**Current Mailing Address:**2325 DULLES CORNER BLVD.  
SUITE 1000  
HERNDON, VA 20171 US**FEI Number:** APPLIED FOR**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

**Authorized Person(s) Detail :**

Title	MGR, SECRETARY
Name	KORNEFFEL, LAURIE
Address	2325 DULLES CORNER BLVD. SUITE 1000
City-State-Zip:	HERNDON VA 20171

Title	ASSISTANT SECRETARY
Name	LAMM, PATRICIA
Address	2325 DULLES CORNER BLVD. SUITE 1000
City-State-Zip:	HERNDON VA 20171

Title	MANAGER, VP
Name	VALENTO, ANTHONY
Address	2325 DULLES CORNER BLVD. SUITE 1000
City-State-Zip:	HERNDON VA 20171

Title	MANAGER, PRESIDENT
Name	ROBERTSON, E JEFF
Address	1300 W. 120TH AVENUE
City-State-Zip:	WESTMINSTER CO 80234

*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:** PATRICIA A LAMM**ASSISTANT SECRETARY** 01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date