

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90050 004 \*\*\*150.00

DOCUMENT # F04000004130

1. Entity Name  
CSC MANAGED SERVICES, INC.



Principal Place of Business  
2100 EAST GRAND AVENUE  
EL SEGUNDO, CA 90245

Mailing Address  
2100 EAST GRAND AVENUE  
EL SEGUNDO, CA 90245

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0054115

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ANTHONY PAUL DOYE  
3170 FAIRVIEW PARK DRIVE  
FALLS CHURCH, VA 22042

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPF  
KEANE, MICHAEL E  
2100 EAST GRAND AVENUE  
EL SEGUNDO, CA 90245

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
FISK, HAYWARD D  
2100 EAST GRAND AVENUE  
EL SEGUNDO, CA 90245

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
ANDREW, JEFFREY A  
3102 N. 56TH STREET  
PHOENIX, AZ 85018

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AT  
FLYNN, TIMOTHY R.  
2100 EAST GRAND AVENUE  
EL SEGUNDO, CA 90245

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
JOHNSON, STEPHEN E  
2100 EAST GRAND AVENUE  
EL SEGUNDO, CA 90245

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Flynn

04/25/07

310.615.0311

Date

Daytime Phone #