

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107579

FILED
Jan 20, 2009
Secretary of State

Entity Name: IFG PROJECT RESOURCING OF WASHINGTON, D.C., LLC

Current Principal Place of Business:

3 BETHESDA METRO CENTER
SUITE 700
BETHESDA, MD 20814 US

New Principal Place of Business:

Current Mailing Address:

490 SAWGRASS CORPORATE PARKWAY
D-201
SUNRISE, FL 33325 US

New Mailing Address:

FEI Number: 56-2544507 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NESS, DONALD
490 SAWGRASS CORPORATE PARKWAY
D-201
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NESS, DONALD
Address: 490 SAWGRASS CORP PKWY, SUITE D-201
City-St-Zip: SUNRISE, FL 33325 US

Title: MGRM () Delete
Name: COHEN, SALLY
Address: 9005 PADDOCK LANE
City-St-Zip: POTOMAC, MD 20584 US

Title: MGRM () Delete
Name: IFG MANAGEMENT RESOU, RCES, LLC
Address: 490 SAWGRASS CORP PKWY, SUITE D201
City-St-Zip: SUNRISE, FL 33325 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DONALD NESS

MGRM

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date