FILED
Aug 20, 2007 8:00 am
Secretary of State

07-24-2007 90011 032 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7r.

DOCUMENT # L06000038734

1. Entity Name
CSC GLOBAL SOLUTIONS, LLC

30012357

07112007 Chg-LLC CR2E083 (12/06)

Tax ID 20-4695851

Principal Place of Business	Mailing Address
3221 MARCELLUS CIRCLE TAMPA, FL 33609 Changed: 13506 Summerport Village Parkway Suite 149 Windermere FL 34786	3221 MARCELLUS CIRCLE TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13506 Summerport Village Pkwy	13506 Summerport Village Parkway
Suite, Apt. #, etc.: 149	Suite, Apt. #, etc.: Suite 149
City & State: Windermere FL	City & State: Windermere FL
Zip: 34786 / Country: USA	Zip: 34786 / Country: USA

4. FEI Number [redacted] — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEYN, CRISTIN M 28 BRACKEN HILL ROAD HAMBURG, NJ 07419	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANDLALL, SONIA 3221 MARCELLUS CIRCLE TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: Cristin Steyn Cristin Steyn Managing Director 7/16/07 407 803 2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #