2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State

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Entity Name: IAP-HILL, L.L.C.

Current Principal Place of Business:

7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3590089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DIR
Name: JACKSON, DAVID E
Address: 7315 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: DIR
Name: CRAFT, GARY
Address: 13921 PARK CENTER RD., SUITE 600
City-St-Zip: HERNDON, VA 20171 US

Title: DIR
Name: PEIFFER, CHARLES D
Address: 7315 NORTH ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: SEC
Name: BROSTROM, KENT D
Address: 7315 N. ATLANTIC AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: TREA
Name: PEIFFER, CHARLES D
Address: 7315 N. ATLANTIC AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: GM
Name: SCULLION, LEN
Address: 6801 ROOSEVELT BLVD., BLDG. 103
City-St-Zip: JACKSONVILLE, FL 32212 US

I hereby 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 Statues.

SIGNATURE: KENT D. BROSTROM SEC 01/09/2012

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