

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000000061
 1. Entity Name
SPACE GATEWAY SUPPORT, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 SEP 27 PM 4:09

Principal Place of Business 2411 DULLES CORNER PARK, SUITE 800 HERNDON VA 20171	Mailing Address 2411 DULLES CORNER PARK, SUITE 800 HERNDON VA 20171
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 54-1908987	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001
100004618371--0
-10/01/01--01073--007
*******50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTHROP GRUMMAN TECHNICAL SERVICES, INC. 2411 DULLES CORNER PARK, SUITE 800 HERNDON VA 20171	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IT ENVIRONMENTAL & FACILITIES, INC. 9300 LEE HIGHWAY FAIRFAX VA 22031	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WACKENHUT SERVICES INC. 4200 WACKENHUT DRIVE #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M. A. Smith* **REQUIRED** Date 21 Sep 01 Daytime Phone # 853-5811

STAPLE CHECK HERE

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CR2E083 (5/01)



DO NOT WRITE IN THIS SPACE