

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000638

1. Entity Name
TEKSYSTEMS EF&I SOLUTIONS, LLC



Principal Place of Business
7437 RACE RD
HANOVER, MD 21076

Mailing Address
% R. SONES
7301 PARKWAY DRIVE
HANOVER, MD 21076



01072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2107638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOVICK, JAMES R 7301 PARKWAY DRIVE HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SONES, RANDALL D 7301 PARKWAY DRIVE HANOVER, MD 21076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLARKE, CRAIG A 7301 PARKWAY DRIVE HANOVER, MD 21076
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IN THIS SPACE**

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: RD Sones Date: 1/10/05 Daytime Phone #: 410 5793500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE