2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000000165

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

DIGITALNET GOVERNMENT SOLUTIONS, LLC



FILED Feb 02, 2004 08:00 AM Secretary of State

Principal Place of Business

2525 NETWORK PLACE HERNDON, VA 20171 Mailing Address

2525 NETWORK PLACE HERNDON, VA 20171



01232004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-1571110 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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1/26/04

703-563-7500

Daytime Phone #

		•		
8. The above the obligat	named entity submits this statement for the purpose of chartions of registered agent.	nging its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent and title if applicable).			Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2004			
9,	MANAGING MEMBERS/MANAGERS	Ï.		g gara, the law and the law an
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIGITALNET, INC. 2525 NETWORK PLACE HERNDON, VA 20171			000000030528 02/04/04-80112-023 50.00
NAME STREET ADDRESS CITY-ST-ZIP	MGRV BAJAJ, KEN MR. 2525 NETWORK PLACE HERNDON, VA 20171		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV PEARLSTEIN, JACK MR 2525 NETWORK PLACE HERNDON, VA 20170		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ³	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 of sustee emportered to execute this report as required by Chapter 608. Florida Statutes.

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE