

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000165**

1. Entity Name  
**BAE SYSTEMS INFORMATION TECHNOLOGY LLC**



Principal Place of Business  
**2525 NETWORK PLACE  
HERNDON, VA 20171**

Mailing Address  
**C/O SYLVIA LACY-CROW  
13850 MCLEAREN ROAD  
HERNDON, VA 20171**

**DO NOT WRITE IN THIS SPACE**



03162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**41-1571110**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BAE SYSTEMS IT INC.
STREET ADDRESS	2525 NETWORK PLACE
CITY-ST-ZIP	HERNDON, VA 20171
TITLE	MGR
NAME	CHESTON, SHEILA C
STREET ADDRESS	1601 RESEASRCH BOULEVARD
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	MGR
NAME	RONALD, MARK H
STREET ADDRESS	1601 RESEARCH BOULEVARD
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000490612  
04/18/06-80059-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Sheila C. Cheston*

Date

Daytime Phone #

*3/21/06* 703-  
736-4758