

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90260 007 \*\*\*\*50.00

**DOCUMENT # M01000000431**

1. Entity Name  
**CSC APPLIED TECHNOLOGIES LLC**



Principal Place of Business  
**6400 WEST FREEWAY STE. 600  
FT WORTH, TX 76116**

Mailing Address  
**2100 EAST GRAND AVENUE  
EL SEGUNDO, CA 90245**

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**54-1920428**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FISK, HAYWARD D 2100 EAST GRAND AVE ELSEGUNDO, CA 90245</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR SHEAFFER, JAMES W 3180 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR THORNE, CARL D 3170 FAIRVIEW PARK DRIVE FALLS CHURCH, VA 22042</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** \_\_\_\_\_

**Timothy R. Flynn**

**04/25/07**

**310.615.0311**

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

Date

Daytime Phone #