2008 LIMITED LIABILITY COMPANY

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M01000000431 05-05-2008 90038 032 ***138.75 **CSC APPLIED TECHNOLOGIES LLC** Principal Place of Business Mailing Address 6400 WEST FREEWAY STE. 600 2100 EAST GRAND AVENUE 60039169 FT WORTH, TX 76116 EL SEGUNDO, CA 90245 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 04102008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 54-1920428 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR MGR TITLE TITLE y □ Detete Change Addition FISK, HAYWARD D NAME Thomas R. Irvin 3170 Fairview Park Drive NAME STREET ADDRESS 2100 EAST GRAND AVE STREET ADDRESS Falls Church, VA 22042 CITY-ST-7IP ELSEGUNDO, CA 90245 CITY-ST-ZIP MGR TITI F Delete TITLE ☐ Change ☐ Addition SHEAFFER, JAMES W NAME NAME STREET ADDRESS 3180 FAIRVIEW PARK DRIVE STREET ADDRESS CITY-ST-7IP FALLS CHURCH, VA 22042 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME THORNE, CARL D NAME STREET ADORESS 3170 FAIRVIEW PARK DRIVE STREET ADDRESS CITY-ST-ZIP FALLS CHURCH, VA 22042 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MGR NAME NAME Bryan Brady 2100 East Grand Avenue STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP El Segundo, CA 90245 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Bryan Brady SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

04/22/08

3<u>10.615.0311</u>

☐ Change

☐ Addition

FILED