## 2003 LIMITED LIABILITY COMPANY

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)					FILED Jan 27, 2003 8:00 am			
DOCUMENT # M01000001927  1. Entity Name					Secretary of State 01-27-2003 90081 039 ****50.00			
AJILON L	LC							
Principal Plac	ce of Business	Mailing Address				"	98 H	
210 W. PENNSYLVANIA AVE. SUITE 650		210 W. PENNSYLVANIA AVE. SUITE 650				20018	40U	
TOWSON MD	21204	TOWSON MD 21204			8)1 111 <b>26:0</b> 1 118:11 <b>68</b> :11 <b>88</b> :11 <b>68:</b> 11 1		<b>8</b> 86 1 <b>8 8</b> 6 1 <b>8 8</b> 6	
2. Principal f	Place of Business	3. Mailing Address Ha	llow Rd					
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			☐ CHECK HERE IF MA	AKING CHANGES		
City & Star	te	City & State  Melville	ΠA .	4. FEI Num	ber <b>94-3357539</b>	<del>  </del>	pplied For of Applicable	].
Zip	Country	Zip (1747	Country V S f	5. Certifica	te of Status Desired	\$5.00 Add		1
	6. Name and Address of Current	<del></del>		7. Name ar	d Address of New Regist	ered Agent		
СТ	CORPORATION SYSTEM		Name		<del></del>		- <del>- "</del>	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Addr	ess (P.O. Box Numi	ber is Not Acceptable)			
PLA	NIATION PL 33324					- · · · · · · · · · · · · · · · · · · ·	_	}
			City			FL Zip Cod	e,	
	named entity submits this statement fo	r the purpose of changing its r	egistered office or reg	gistered agent, or b	oth, in the State of Florida.	I am familiar with,	and accept	1
SIGNATURE	and or ved and and						i <b>;</b>	}
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE .		-
	• ,	FILE NO	W!!! FEE IS \$50.	J				$\langle$
		_	By May 1, 2003	lillent of State		•	•	}
9.	MANAGING MEMBE	RS/MANAGERS	10.	<u></u>	ADDITIONS/CHA	NGES		<u>,</u>
TITLE	MGRM	☐ Delete	TITLE			☐ Change -	- Addition	83 (10/02
NAME STREET ADDRESS	AJILON HOLDINGS, LLC 175 BROAD HOLLOW ROAD		NAME STREET ADDRESS			· -		3(1)
CITY-ST-ZIP	MELVILLE NY 11747		CITY-ST-ZIP			•		188
TITLE	P	☐ Delete	TITLE			Change	☐ Addition	CR2E06
NAME	HAGGERTY, LEROY	F 050	NAME OTREET ADDRESS	0		•		
STREET ADDRESS CITY-ST-ZIP	210 W PENNSYLVANIA AVE, ST TOWSON MD 20204	E 650	STREET ADDRESS CITY-ST-ZIP	JEË JCHEDU	LE ATTACHED			
TITLE	V	☐ Delete	TITLE	<del>- ,,</del> -		☐ Change	☐ Addition	İ
NAME	SINNOTT,-TOM-		- NAME					27
STREET ADDRESS CITY-ST-ZIP	210 W PENNSYLVANIA AVE, ST TOWSON MD 20204	E 650	STREET ADDRESS CITY-ST-ZIP					}
TITLE	V TOWSON MID 20204	☐ Delete	TITLE	<del></del>		Change	[ ] Addition	١
NAME	CLAGGERT, STEVEN F	Delete	NAME			A surviya		
STREET ADDRESS	210 W PENNSYLVANIA AVE, STI	E 650	STREET ADDRESS					
CITY-ST-ZIP	TOWSON MD 20204		CITY-ST-ZIP					ĺ
TITLE NAME	V Washington, Jyel	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS					l
CITY-ST-ZIP	MELVILLE NY 11747		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	SMALHEISER, HARVEY		NAME STREET ADDRESS				ſ	! 
CITY-ST-ZIP	175 BROAD HOLLOW ROAD MELVILLE NY 11747		CITY-ST-ZIP					
11. I hereby	certify that the information supplied with	this filing does not qualify for t	he exemption stated i	in Section 119.07(3	)(i), Florida Statutes. I furth	er certify that the in	formation	l
indicated limited lia	on this report is true and accurate and bility company or the receiver or trusted	tnat my signature shall have th empowered to execute this re	ie same legal effect a eport as required by C	s it made under oat Chapter 608, Florida	tn; that I am a managing m i Statu <b>l</b> es. <b>\</b>	nember or manager	r of the	

SIGNATURE: V CONTROLL OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

AJILON LLC

(Delaware)

Attachment 20618220 M01000001927

MEMBER: Ajilon Holdings LLC

Mark Fusco

President & Chief Executive Officer

210 West Pennsylvania Avenue

Suite 650

Towson, Maryland 20204

Tom Sinnott

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Towson, Maryland 20204

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