

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90012 022 ****50.00

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DOCUMENT # M02000000611 1. Entity Name CSC SYSTEMS & SOLUTIONS LLC					
Principal Place of Business 11710 PLAZA AMERICA DR. RESTON, VA 20190			Mailing Address 2100 EAST GRAND AVE. EL SEGUNDO, CA 90245		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-1048973	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COFONI, PAUL M 2100 EAST GRAND AVE. EL SEGUNDO, CA 90245	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVEL, LEON J 2100 EAST GRAND AVE. EL SEGUNDO, CA 90245	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISK, HAYWARD D 2100 EAST GRAND AVE. EL SEGUNDO, CA 90245	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, LARRY D 2100 EAST GRAND AVE. EL SEGUNDO, CA 90245	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Timothy R. Flynn 2100 East Grand Avenue El Segundo, CA 90245	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:				04/01/05 310.615.0311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	