

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2007 90260 009 ****50.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

54-1048973

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SHEAFFER, JAMES
STREET ADDRESS 2100 EAST GRAND AVE.
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE MGR ☒ Delete
NAME LEVEL, LEON J
STREET ADDRESS 2100 EAST GRAND AVE.
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE MGR ☐ Delete
NAME FISK, HAYWARD D
STREET ADDRESS 2100 EAST GRAND AVE.
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE T ☐ Delete
NAME FLYNN, TIMOTHY R
STREET ADDRESS 2100 EAST GRAND AVE
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE MGR ☐ Delete
NAME KEANE, MICHAEL E
STREET ADDRESS 2100 EAST GRAND AVE
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Timothy R. Flynn

04/25/07

310.615.0311

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

Date

Daytime Phone #