

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90038 033 \*\*\*138.75

**60039168**



04102008 Chg-LLC CR2E083 (12/06)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                               |                                                                                                                                          |                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M02000000611</b><br>1. Entity Name<br><b>CSC SYSTEMS &amp; SOLUTIONS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                               |                                                                                                                                          |                                                                                                                                                                   |  |
| Principal Place of Business<br><b>11710 PLAZA AMERICA DR.<br/>RESTON, VA 20190</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                               | Mailing Address<br><b>2100 EAST GRAND AVE.<br/>EL SEGUNDO, CA 90245</b>                                                                  |                                                                                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                                          |                                                                                                                                                                   |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | City & State<br><br>Zip      Country          |                                                                                                                                          | 4. FEI Number<br><b>54-1048973</b>                                                                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                               |                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                        |                                                                        |                                               |                                                                                                                                          |                                                                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                               |                                                                                                                                          | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                      |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                               | 10. ADDITIONS / CHANGES                                                                                                                  |                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>SHEAFFER, JAMES<br>2100 EAST GRAND AVE.<br>EL SEGUNDO, CA 90245 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>FISK, HAYWARD D<br>2100 EAST GRAND AVE.<br>EL SEGUNDO, CA 90245 | <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | MGR<br>Donald G. DeBuck<br>3170 Fairview Park Drive<br>Falls Church, VA 22042<br><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T<br>FLYNN, TIMOTHY R<br>2100 EAST GRAND AVE<br>EL SEGUNDO, CA 90245   | <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | MGR.<br>Bryan Brady<br>2100 East Grand Avenue<br>El Segundo, CA 90245<br><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>KEANE, MICHAEL E<br>2100 EAST GRAND AVE<br>EL SEGUNDO, CA 90245 | <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | MGR<br>Thomas R. Irvin<br>3170 Fairview Park Drive<br>El Segundo, CA 90245<br><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                        |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                 |  |
| 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. |                                                                        |                                               |                                                                                                                                          |                                                                                                                                                                   |  |
| <b>SIGNATURE:</b> <u>B. Brady</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | Bryan Brady                                   |                                                                                                                                          | 04/22/08      310.615.0311                                                                                                                                        |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | <small>Date</small>                           |                                                                                                                                          | <small>Daytime Phone #</small>                                                                                                                                    |  |