

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90004 009 ****50.00

DOCUMENT # M02000002854

1. Entity Name
LCC DESIGN SERVICES, LLC



Principal Place of Business

7925 JONES BRANCH DRIVE
MCLEAN, VA 22102

Mailing Address

7925 JONES BRANCH DRIVE
MCLEAN, VA 22102

DO NOT WRITE IN THIS SPACE



04302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
54-1721751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FAULDERS, C. THOMAS III
STREET ADDRESS 7925 JONES BRANCH DRIVE
CITY-ST-ZIP MCLEAN, VA 22102

TITLE MGR
NAME DELISO, PETER A
STREET ADDRESS 7925 JONES BRANCH DRIVE
CITY-ST-ZIP MCLEAN, VA 22102

TITLE D
NAME FAULDERS, THOMAS C III
STREET ADDRESS 7925 JONES BRANCH DR.
CITY-ST-ZIP MC LEAN, VA 22102

TITLE T
NAME PERKINS, GRAHAM
STREET ADDRESS 7925 JONES BRANCH DR.
CITY-ST-ZIP MC LEAN, VA 22102

TITLE VS
NAME DELISO, PETER A
STREET ADDRESS 7925 JONES BRANCH
CITY-ST-ZIP MC LEAN, VA 22102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

C. THOMAS FAULDERS

4/30/04

703-873-2000

Attachment

LCC DESIGN SERVICES, LLC
OFFICERS AND DIRECTIONS

44042786 4/30/2004

#N102000000-2854

Name:	C. Thomas Faulders, III	
Officer:	Yes	Chief Executive Officer
Director:	Yes	
Business Address:	7925 Jones Branch Drive McLean, VA 22102	Ph: 703-873-2000
Name:	Graham Perkins	
Officer:	Yes	Senior Vice President, CFO
Director:	Yes	Treasury
Business Address:	7925 Jones Branch Drive McLean, VA 22102	Ph: 703-873-2000
Name:	Peter Deliso	
Officer:	Yes	Vice President, General Counsel & Secretary
Director:	Yes	
Business Address:	7925 Jones Branch Drive McLean, VA 22102	Ph: 703-873-2000