

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90055 048 ****50.00

DOCUMENT # M02000002854



1. Entity Name
LCC DESIGN SERVICES, LLC

Principal Place of Business

Mailing Address

**7925 JONES BRANCH DRIVE
MCLEAN VA 22102**

**7925 JONES BRANCH DRIVE
MCLEAN VA 22102**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME **SEE ATTACHED LIST**
STREET ADDRESS **OF OFFICERS AND**
CITY-ST-ZIP **DIRECTORS**

TITLE **MGR** ☒ Delete
NAME **WALKER, DAVID**
STREET ADDRESS **7925 JONES BRANCH DRIVE**
CITY-ST-ZIP **MCLEAN VA 22102**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 REQUIRED

C. THOMAS FAULDERS III 1/31/03 (703) 873-2000

Date

Daytime Phone #

CR2E083 (10/02)

**LCC DESIGN SERVICES, LLC
OFFICERS AND DIRECTORS**

Attachment

MO 200002854

Name:	C. Thomas Faulders III		
Officer:	Yes	Chief Executive Officer	
Director:	Yes		
Business Address:	7925 Jones Branch Drive McLean, VA 22102	703-873-2200	

Name:	Graham Perkins		
Officer:	Yes	Chief Financial Officer and Treasurer	
Director:	Yes		
Business Address:	7925 Jones Branch Drive McLean, VA 22102	703-873-2000	

Name:	Peter A. Deliso		
Officer:	Yes	Vice President, General Counsel and Secretary	
Director:	Yes		
Business Address:	7925 Jones Branch Drive McLean, VA 22102	703-873-2910	