

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M03000000510

FILED
Oct 06, 2005
Secretary of State

Entity Name: SAGE SYSTEMS TECHNOLOGIES, LLC

Current Principal Place of Business:

10440 BALLS FORD ROAD
STE 200
MANASSAS, VA 20109

New Principal Place of Business:

10440 BALLS FORD ROAD
STE 200
MANASSAS, VA 20109

New Mailing Address:

FEI Number: 32-0011243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: **Name and Address of New Registered Agent:**

BURNS, DAVID W
2523 FLETCH COURT
LAKE MARY, FL 32746 US

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.

SIGNATURE: DAVID W. BURNS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REED, DAVID W
Address: 8460 RED FOX LANE
City-St-Zip: WARRENTON, VA 20186

Title: MGRM () Delete
Name: OLSEN, ARNOLD A
Address: 902 W 5TH AVE STE 702
City-St-Zip: ANCHORAGE, AK 99501

Title: MGRM () Delete
Name: CHRISTIANSEN, EMIL SR.
Address: 8211 DEBARR RD
City-St-Zip: ANCHORAGE, AK 99504

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 electronic 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: DAVID W. REED

MGRM

10/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date