

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000510

FILED  
Apr 03, 2009  
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:

## Current Mailing Address:

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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HEAPE, STEPHEN R  
Address: 24 RIVER REACH WAY  
City-St-Zip: CHARLESTON, SC 29407

Title: MGRM ( ) Delete  
Name: VECCHIOLLA, THOMAS A  
Address: 44 PRINCE STREET #206  
City-St-Zip: BOSTON, MA 02113

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 Chapter 119, 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: STEPHEN R. HEAPE

MGRM

04/03/2009

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