FILED Apr 29, 2005 8:00 am Secretary of State

2005	ANNUAL REPORT	NI
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DOCUMENT # M03000001384 I. Krish yalons WASHINGTON SAFETY MANAGEMENT SOLUTIONS LLC Principal Place of Business 2131 S.CRIENBIAL, AVI S. 720 PARK ROULEVARD BOILS, D.S. SOLUTIONS BOILS, D.S. SOLUTIO	ANNUAL REPURI						Secretary of State					
2. Principal Place of Business Suite, Aprt. vinc. Suite, Aprt. v	1. Entity Name								-			
BOISE, ID 83712 2. Principal Place of Business Suits, Apt. #, etc. Suits, Apt. #, etc. Suits, Apt. #, etc. Suits, Apt. #, etc. City & State County Zip County S. Cedificated of Status Desired 8. The above named entry submits this statement for the purpose of changing its registered diges or registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent and set if appears to registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent and set if appears to registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistic of the portion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistic of the portion of registered agent, or both, in the Status of Portida. I am familiar with, and accept the ecologistic of the Portion of Portion with a status with a status with a status with a s	Principal Place	e of Busines	5	Mailing Address								
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CITY & State City & State City & State City & State S2-0510442 Replication Replication	2. Principal Place of Business		3. Mailing Address									
Secondary Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152005	Chg-LLC	CR2E08	33 (10/03)			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL City	City & State			City & State						- H		
Name	Zip		Country	Zip	Coun	itry		5. Certificate of Status Desired \$5.00 Addition				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Current I	Registered Agent		No.		7. Name and	Address of New	Registered A	gent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	COBBOBA	TION SE	DVICE COMPANY			Name						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collipations of registered agent, or both, in the State of Florida State of Florid	1201 HAYS	S STREE	Т		Street Address			P.O. Box Numb	er is Not Acceptat	ole)		
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					City	⊏ ∎ Zip Code					9	
the obligations of registered agent. SIGNATURE: Signature Si	A The above	named entit	v submits this statement for	the purpose of changing its	renister	ed office or	register	ed agent or bo	oth in the State of 6		miliar with	and accept
Filling Foo is \$50.00 Provide by May 1, 2005 Provide prevent and the floorbase Provide Provide prevent removatoring												
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIIIE MGR	SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	: Registere	d Agent signatu	re required	when reinstating)		DATE		
SITULE MGR OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERE OF STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29808 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29808 OBERT A STREET ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBERT ADDRESS OTH'S 1-2P ALIKEN, SC 29801 OBE	Filing Fee is \$50.00							-	-	:		
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: - Edward P. Rahe, Jr. 04–15–05 (208) 386–5156 - Edward P. Rahe, Jr. 0500 OR PRINTED NAME OF SIGNING MANAGING MEMBERT WANAGER, OR AUTHORIZED REPRESENTATIVE Only Type Double Daytone Priore *												
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Managers Report

As of 4-1-05

Manager

Manager

Manager

Manager

Washington Safety Management Solutions LLC

Managers

Ralph Robert DiSibio
Effective:

4/29/2002

Primary Address:

106 Newberry Street S.W.

Aiken, SC 29801

Paul Dennis Grefenstette
Effective:

3/24/1999

Primary Address:

106 Newberry Street S.W.

Aiken, SC 29801

Robert A. Pedde

Effective:

11/14/2001

Primary Address:

Westinghouse Savannah River Company LLC

Building 235-H Aiken, SC 29808

Edward Preston Rahe, Jr.

Manager

Effective:

3/24/1999

Primary Address:

106 Newberry Street S.W.

Aiken, SC 29801

Ambrose Leo Schwallie Effective:

3/24/1999

Primary Address:

2345 Crystal Drive, Suite 708

Arlington, VA 22202