

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90039 026 ****50.00

DOCUMENT # M03000001863

1. Entity Name
ICF EMERGENCY MANAGEMENT SERVICES, LLC



Principal Place of Business
9300 LEE HIGHWAY
FAIRWAY, VA 22031

Mailing Address
9300 LEE HIGHWAY
FAIRWAY, VA 22031

24047925



DO NOT WRITE IN THIS SPACE

04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
68-0551646

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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: MGRM-
NAME: ICF CONSULTING GROUP, INC.
STREET ADDRESS: 9300 LEE HIGHWAY
CITY-ST-ZIP: FAIRFAX, VA 22031

TITLE
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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

4-9-04

Date

(703) 934-3643

Daytime Phone #