


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 AM 8:30

DOCUMENT # M03000002685					
1. Entity Name <b>ACS DEFENSE, LLC</b>					
Principal Place of Business 2339 ROUTE 70 WEST CHERRY HILL, NJ 08002			Mailing Address 2339 ROUTE 70 WEST CHERRY HILL, NJ 08002		
2. Principal Place of Business <b>Five Burlington Woods</b>		3. Mailing Address <b>2828 N. Haskell Avenue</b>			
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc. <b>Bldg. 1, FL-10</b>			
City & State <b>Burlington, MA 01803</b>		City & State <b>Dallas, TX 75204</b>			
Zip <b>01803</b>	Country <b>USA</b>	Zip <b>75204</b>	Country <b>USA</b>	4. FEI Number <b>41-2104376</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>06/21/05--01036--013 **50.00</b>	
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODEN, LINDA R 7375 EXECUTIVE PL, SUITE 302 SEABROOK, MD 20706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark A. King 2828 N. Haskell Ave. Bldg. 1, FL-10 Dallas, TX 75204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRINCH, STEPHEN W 2339 ROUTE 70 WEST CHERRY HILL, NJ 08002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John H. Rexford 2828 N. Haskell Ave. Bldg. 1, FL-10 Dallas, TX 75204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRZYNB, DAVID A 2339 ROUTE 70 WEST CHERRY HILL, NJ 08002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Jarrett 2828 N. Haskell Ave. Bldg. 1, FL-10 Dallas, TX 75204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MURRAY, NEAL J 2339 ROUTE 70 WEST CHERRY HILL, NJ 08002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP&Secy William L. Deckelman, Jr 2828 N. Haskell Ave. Bldg. 1, FL-10 Dallas, TX 75204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN SCHAICK, ANTHONY G 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Wayne R. Lewis 2828 N. Haskell Ave. Bldg. 1, FL-10 Dallas, TX 75204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARWOOD, GEORGE L 2339 ROUTE 70 WEST CHERRY HILL, NJ 08002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Cynthia L. Hageman 2828 N. Haskell Ave. Bldg. 1, FL-10 Dallas, TX 75204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Cynthia L. Hageman</i>				Cynthia L. Hageman, Assistant Secretary 5/10/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone#</small>	