

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001607

FILED
Apr 15, 2008
Secretary of State

Entity Name: ARMOR HOLDINGS FORENSICS, L.L.C.

Current Principal Place of Business:

13386 INTERNATIONAL PKWY
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

13386 INTERNATIONAL PKWY
LEGAL DEPARTMENT
JACKSONVILLE, FL 32218

New Mailing Address:

13850 MCLEAREN ROAD
HERNDON, VA 20171

FEI Number: 59-3678749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: HEIR, GLENN
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRP () Delete
Name: O'BRIEN, SCOTT
Address: 13386 INTERNATIONAL PKWY
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPT (X) Delete
Name: WILLIAMS, MARK
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: MVS (X) Delete
Name: GRAHAM, IAN
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP (X) Delete
Name: SEIDEL, JAMES
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPAT (X) Delete
Name: GOFORTH, H D
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAHAM, IAN
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR (X) Change () Addition
Name: O'BRIEN, SCOTT
Address: 13386 INTERNATIONAL PKWY
City-St-Zip: JACKSONVILLE, FL 32218

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

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: IAN GRAHAM

MGR

04/15/2008

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