# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 11, 2008 8:00 am**
**Secretary of State**
04-11-2008 90174 045 ***138.75

DOCUMENT # M04000004471

1. Entity Name
FORFEITURE SUPPORT ASSOCIATES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 18980 UPPER BELMONT PLACE<br>LANSDOWNE, VA 20176 | 18980 UPPER BELMONT PLACE<br>LANSDOWNE, VA 20176 |

DO NOT WRITE IN THIS SPACE

03192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
51-0476024
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

**FILE NOW!!! FEE IS $138.75** ✓
**After May 1, 2008 Fee will be $538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | MPRI INC. |
| STREET ADDRESS | 1320 Braddock Place |
| CITY-ST-ZIP | Alexandria, VA 20314-1493 |
| TITLE | MGRM |
| NAME | AECOM GOVERNMENT SERVICES INC. |
| STREET ADDRESS | 1200 SUMMIT AVENUE, SUITE 320 |
| CITY-ST-ZIP | FORT WORTH, TX 76102 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** CHARLES R RASH 3-27-08 703 724-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

600218O6

# M04000004471

**FSA,LLC**
Forfeiture Support Associates, LLC
18980 Upper Belmont Place, 4th floor West Bldg.
Lansdowne, VA 20176

Federal Tax ID-51-0476024

**MEMBERS**

MPRI, INC. **Managing Member-50%**
1320 Braddock Place
Alexandria, VA 20314-1493
John Sylvester, Senior VP and General Manager of JV Operations
Charles R. Rash VP of JV Operations
703-724-6767

Federal Tax ID – 54-1439937

AECOM -GSI **Non-Managing Member-50%**
1200 Summit Avenue, Suite 320
Fort Worth, TX 76102
(817) 698-6815
Al Konvicka-President

Federal Tax ID 13-3027382