2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# M05000000098

Entity Name: TSS, LLC

Current Principal Place of Business:

555 HERNDON PARKWAY, SUITE 250
HERNDON, VA 20170

New Principal Place of Business:

Current Mailing Address:

8171 MAPLE LAWN BLVD
SUITE 340
FULTON, MD 20759

New Mailing Address:

FEI Number: 20-0450279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STIVERS, H B
245 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 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: SPEIER, MARY JO CEO
Address: 555 HERNDON PARKWAY, SUITE 250
City-St-Zip: HERNDON, VA 20170

Title: MGR ( ) Delete
Name: BYRD, RICHARD CFO
Address: 8171 MAPLE LAWN BLVD
City-St-Zip: FULTON, MD 20759

Title: MGR ( ) Delete
Name: PARRISH, STEVE VP
Address: 555 HERNDON PARKWAY, SUITE 250
City-St-Zip: HERNDON, VA 20170

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: BYRD, RICHARD CFO
Address: 8171 MAPLE LAWN BLVD, SUITE 340
City-St-Zip: FULTON, MD 20759

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: RICHARD BYRD CFO 02/12/2008

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