

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004088

FILED
Feb 04, 2010
Secretary of State

Entity Name: THOROUGHbred TECHNOLOGY AND TELECOMMUNICATIONS, LLC

Current Principal Place of Business:

THREE COMMERCIAL PLACE
C/O OFFICE OF CORPORATE SECRETARY
NORFOLK, VA 23510

New Principal Place of Business:

Current Mailing Address:

THREE COMMERCIAL PLACE
C/O OFFICE OF CORPORATE SECRETARY
NORFOLK, VA 23510

New Mailing Address:

FEI Number: 42-1671397 **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
Name: CLEVELAND, JAMES R JR
Address: 1281 FULTON INDUSTRIAL BLVD
City-St-Zip: ATLANTA, GA 30336

Title: MGRP
Name: FRIEDMANN, JOHN H
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 23510

Title: MGR
Name: BUTLER, DEBORAH H
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 23510

Title: MGRT
Name: PARDEE, S T
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 23510

Title: AS
Name: FARLESS, LESLIE S
Address: THREE COMMERCIAL PLACE
City-St-Zip: NORFOLK, VA 23510

Title: MGR
Name: RAVILLE, STEPHEN E
Address: THREE PIEDMONT CENTER, SUITE 150
City-St-Zip: ATLANTA, GA 30305

I hereby 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: LESLIE S. FARLESS

AS

02/04/2010

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