

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000690

Entity Name: MCR FEDERAL, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

2010 CORPORATE RIDGE, SUITE 350
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

2010 CORPORATE RIDGE, SUITE 350
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 54-1509594

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: MGRM () Delete
Name: ALBERT, NEIL
Address: 2010 CORPORATE RIDGE, SUITE 350
City-St-Zip: MCLEAN, VA 22102

Title: MGRM () Delete
Name: NEUBAUER, J. CHRISTOPHER
Address: 2010 CORPORATE RIDGE, SUITE 350
City-St-Zip: MCLEAN, VA 22102

Title: MGRM () Delete
Name: DECHORETZ, JASON F
Address: 2010 CORPORATE RIDGE, SUITE 350
City-St-Zip: MCLEAN, VA 22102

Title: MGRM () Delete
Name: O'BRIEN, MARICA
Address: 2010 CORPORATE RIDGE, SUITE 350
City-St-Zip: MCLEAN, VA 22102

Title: MGRM () Delete
Name: SHINDERMAN, PAUL
Address: 2010 CORPORATE RIDGE, SUITE 350
City-St-Zip: MCLEAN, VA 22102

Title: MGRM () Delete
Name: BERUBE, DENNIS
Address: 2010 CORPORATE RIDGE, SUITE 350
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES:

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: MARCIA O'BRIEN

CFO

04/28/2008

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