

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002007

Entity Name: APEX COMPANIES, LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

15850 CRABBS BRANCH WAY, SUITE 200
ROCKVILLE, MD 208552610

New Principal Place of Business:**Current Mailing Address:**

15850 CRABBS BRANCH WAY, SUITE 200
ROCKVILLE, MD 208552610

New Mailing Address:

FEI Number: 52-1562320 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: YOUNG, PETER T
Address: 15850 CRABBS BRANCH WAY, SUITE 200
City-St-Zip: ROCKVILLE, MD 208552610

Title: MGR () Delete
Name: DIRENZO, VINCENT N
Address: 15850 CRABBS BRANCH WAY, SUITE 200
City-St-Zip: ROCKVILLE, MD 208552610

Title: MGR () Delete
Name: WINSTON, SHANNON K
Address: 15850 CRABBS BRANCH WAY, SUITE 200
City-St-Zip: ROCKVILLE, MD 208552610

Title: MGR () Delete
Name: BRACKET, ROBERT S
Address: 15850 CRABBS BRANCH WAY, SUITE 200
City-St-Zip: ROCKVILLE, MD 208552610

Title: MGR () Delete
Name: NORDLINGER, ROGER G
Address: 15850 CRABBS BRANCH WAY, SUITE 200
City-St-Zip: ROCKVILLE, MD 208552610

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
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NORDLINGER, ROBERT G
Address: 15850 CRABBS BRANCH WAY, SUITE 200
City-St-Zip: ROCKVILLE, MD 208552610

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: MANDELINE HENDRICKS

POA

03/18/2009

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