

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002007

Entity Name: APEX COMPANIES, LLC

**FILED**  
**Apr 16, 2010**  
**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:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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: CFO  
Name: YOUNG, PETER T  
Address: 15850 CRABBS BRANCH WAY, SUITE 200  
City-St-Zip: ROCKVILLE, MD 208552610

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

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

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

Title: MGR  
Name: NORDINGER, ROBERT G  
Address: 15850 CRABBS BRANCH WAY, SUITE 200  
City-St-Zip: ROCKVILLE, MD 208552610

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: HUNTER HOLLINS

AGEN

04/16/2010

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