

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003494

Entity Name: S3 INTEGRATION, L.L.C.

FILED
Feb 24, 2010
Secretary of State

Current Principal Place of Business:

1550 CATON CENTER DR., SUITE F
HALETHORPE, MD 21227

New Principal Place of Business:

1550 CATON CENTER DR.
SUITE F
HALETHORPE, MD 21227

Current Mailing Address:

1550 CATON CENTER DR., SUITE F
HALETHORPE, MD 21227

New Mailing Address:

1550 CATON CENTER DR.
SUITE F
HALETHORPE, MD 21227

FEI Number: 20-3424522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLOTT, FRANK J
9283 SE HAWK NEST CT
HOBE SOUND, FL 33455 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
Name: SILCOTT, THOMAS
Address: 1550 CATON CENTER DR., SUITE F
City-St-Zip: HALETHORPE, MD 21227

Title: MGRM
Name: SIMMONS, KENNETH
Address: 1550 CATON CENTER DR., SUITE F
City-St-Zip: HALETHORPE, MD 21227

Title: MGRM
Name: GALLAGHER, GERARD
Address: 1550 CATON CENTER DR., SUITE F
City-St-Zip: HALETHORPE, MD 21227

Title: MGRM
Name: ROSATO, THOMAS
Address: 1550 CATON CENTER DR., SUITE F
City-St-Zip: HALETHORPE, MD 21227

Title: MGRM
Name: GUILLOTT, FRANCIS
Address: 1550 CATON CENTER DR., SUITE F
City-St-Zip: HALETHORPE, MD 21227

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: THOMAS SILCOTT

PRES

02/24/2010

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