

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001302

FILED
Mar 09, 2011
Secretary of State

Entity Name: DSI-HTI, LLC

Current Principal Place of Business:

2609 CAMERON STREET
MONTGOMERY, AL 36607

New Principal Place of Business:

12021 SUNSET HILLS ROAD
SUITE 100
RESTON, VA 20190

Current Mailing Address:

2609 CAMERON STREET
MONTGOMERY, AL 36607

New Mailing Address:

3100 CUMBERLAND BOULEVARD
SUITE 900
ATLANTA, GA 30339

FEI Number: 32-0304440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: HADINGER, JEFFREY B
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190

Title: MGR
Name: RIDGFIELD, TERESA
Address: 2609 CAMERON STREET
City-St-Zip: MOBILE, AL 36607

Title: MGR
Name: YOW, STEVE
Address: 2609 CAMERON STREET
City-St-Zip: MOBILE, AL 36607

Title: MGR
Name: MCKEON, ROBERT
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190

Title: MGR
Name: MUSALLAM, RAMZI M
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190

Title: MGR
Name: EVANS, HUGH
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190

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: SUSAN COCKERHAM - ATTORNEY IN FACT

AIF

03/09/2011

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