

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000071

Entity Name: W.A. CHESTER, L.L.C.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

4390 PARLIAMENT PLACE
LANHAM, MD 20706

New Principal Place of Business:

Current Mailing Address:

4390 PARLIAMENT PLACE
LANHAM, MD 20706

New Mailing Address:

1300 NORTH 17TH STREET
1600
ARLINGTON, VA 22209

FEI Number: 52-1952518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
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: PRE () Delete
Name: THOMPSON, ROBERT L
Address: 4390 PARLIAMENT PLACE
City-St-Zip: LANHAM, MD 20706

Title: SEC () Delete
Name: MUSICK, FRANKIE L
Address: 4390 PARLIAMENT PLACE
City-St-Zip: LANHAM, MD 20706

Title: TREA () Delete
Name: HERRINGTON, MARION
Address: 4390 PARLIAMENT PLACE
City-St-Zip: LANHAM, MD 20706

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:

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: FRANKIE MUSICK

SEC

01/22/2009

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