2003 LIMITED LIABILITY COMPANY

DOCUMENT # MOZOOOOGO

FILED Sep 19, 2003 8:00 am Secretary of State 09-08-2003 90077 045 ****50.00

1. Entity Nan	I STRATEGIES LLC	/							
Principal Place of Business Mailing Address 3141 FAIRVIEW PARK DRIVE. SUITE 850 3141 FAIRVIEW PARK DRIVE FALLS CHURCH VA 22042 FALLS CHURCH VA 22042			SUITE 850		55056883				
2. Principal F 10010 Suite Ant	Place of Bysiness BISCAYBE BIVA. # etc.	3. Mailing Address 1044 T White Suite, Aptre etc. 2004 + 1087	c Grant	er.		HECK HERE IF MAK	KING CHANGES		
MY an	FIL	Bachn, VA			FEI Number 5	4-1865964		pplied For lot Applicable	
33/13	2 Country USA	^{zi} 22124	Country	5	. Certificate of Stat	us Desired 🔲	\$5.00 Ac	ditional	
	6. Name and Address of Current	Registered Agent		7.	. Name and Addre	ss of New Register	red Agent		
TO T	CORPORATION SYSTEM		Name:				جەن بىلىنى ب مىلىنى بىلىنى بىلىن	يت برسي والمستعلق الم	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	·	,	City				Zip Co	de	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office o	r registered a	agent, or both, in th	e State of Florida. I	am familiar with	, and accept	
SIGNATURE .						<u></u> _			
	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE	Registored Agent signa	ture required when	n reinstating)	DA	TE		
		Make Check Payabl		partment o	of State	sg. 5			
	HALLOW OF MENOE		September 24,	2003					
9. TITLE	MANAGING MEMBEI	HS/MANAGEHS Delete	10. TITLE	MEM		ADDITIONS/CHAN		*Addition	
NAME	HERSHMAN, MICHAEL J	•	NAME	Kearne	y) Chris,	of & Suy corprate Ac	2.	AUGILION	
STREET ADDRESS CITY-ST-ZIP	3141 Fairview Park Drive; Su Falls Church va 22042	ITE 850	STREET ADDRESS CITY-ST-ZIP	13515	HLINC J	217	•••		
TITLE	MEM	Delete		mem	110111C &	JA UD rA	Change	Addition	
NAME	SCHWARTZ, BART M	•	NAME	Winow	ichi, lan	ald, VP FATE PE	201	7.	
STREET ADDRESS CITY-ST-ZIP	3141 Fairview Park Drive, Su Falls Church VA 22042	IIIE 850	STREET ADDRESS CITY-ST-ZIP	13515	Balluniyac te ac 28	1177			
TITLE	MGR	Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	DORDAL, PETER 13515 BALLANTYNE CORPORATI	E DI ACE	NAME STREET ADDRESS	Lagay	, DEW, Pre	ite Dive			
CITY-ST-ZIP	CHARLOTTE NC 28277	LILAGE	CITY-ST-ZIP	Dalton	White Gran				
TITLE		☐ Deleta	TITLE	<u> </u>		 	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				•		
CITY-ST-ZIP			C/TY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS		_	NAME Street address			•			
CITY-ST-ZIP		· =	STREET ABORESS						
TITLE		☐ Delete	TITLE	 ;			Change -	☐ Addition	
NAME			NAME						

11. I hereby certify that the Information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: TYPE OR PRESED NAME

STREET ADORESS

CITY-ST-ZIP

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE