File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS on Mar 29 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee STOREVARY OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000252** 1a. Principal Place of Business Address AMSEC GLOBAL SERVICES, L.C. 201 EAST WASHINGTON STREET 201 EAST WASHINGTON STREET MIDDLEBURG VA 20118 MIDDLEBURG VA 20118 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 2977 McFarlane Road 629 Cedar Creek Grade 03/17/1998 VA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number PH-5 Applied For City & State City & State 54-1873652 Not Applicable Miami, FL Winchester, VA 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 33133 22601 USA 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office HORNBY, SIMON 801 BRICKELL AVENUE, SUITE 922 Street Address (P.O. Box Number Is Not Acceptable) 2977 McFarlane Road MIAMI FL 33131 Suite, Apt. #, etc. PH-5 City Zıp Code Miami 33133 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE DATE (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HORNBY, SIMON 801 BRICKELL AVENUE, SUITE MIAMI FL 300002831523--- \$ -04/06/33~-01032--023 ****188.79 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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, and that my name appears in Block 10, or on an attachment with an address 3 c s SIGNATURE: