

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000087768

Entity Name: WATER SCIENCE ASSOCIATES, LLC**Current Principal Place of Business:**2101 GAITHER ROAD
SUITE 500
ROCKVILLE, MD 20850**Current Mailing Address:**2101 GAITHER ROAD
SUITE 500
ROCKVILLE, MD 20850 US**FEI Number:** 46-3401280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Authorized Person(s) Detail :**

Title MEMBER
Name APEX COMPANIES, LLC
Address 2101 GAITHER ROAD
SUITE 500
City-State-Zip: ROCKVILLE MD 20850

Title PRESIDENT
Name MARTIN, KIRK
Address 2101 GAITHER ROAD
SUITE 500
City-State-Zip: ROCKVILLE MD 20850

Title ASSISTANT SECRETARY AND VICE
PRESIDENT
Name VAN PATTEN, MATTHEW
Address 2101 GAITHER ROAD
SUITE 500
City-State-Zip: ROCKVILLE MD 20850

Title CHIEF STRATEGY & GROWTH
OFFICER
Name MURPHY, DONI
Address 2101 GAITHER ROAD
SUITE 500
City-State-Zip: ROCKVILLE MD 20850

Title CHIEF FINANCIAL OFFICER AND
SECRETARY
Name HARDESTY, MATTHEW
Address 2101 GAITHER ROAD
SUITE 500
City-State-Zip: ROCKVILLE MD 20850

Title ASSISTANT SECRETARY AND
FINANCIAL CONTROLLER
Name CHOI, STEPHEN
Address 2101 GAITHER ROAD
SUITE 500
City-State-Zip: ROCKVILLE MD 20850

Title VP
Name TRAHAN, RYAN
Address 1900 CROWN COLONY DRIVE
SUITE 402
City-State-Zip: QUINCY MA 21169

Title CHIEF HUMAN RESOURCES OFFICER
Name MAISEL, BRUCE
Address 2101 GAITHER ROAD
SUITE 500
City-State-Zip: ROCKVILLE MD 20850

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN CHOIASSISTANT
SECRETARY/CONTROLE
R

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail_____
Date

