2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007064

Entity Name: QUALITY PROJECT MANAGEMENT, LLC

Current Principal Place of Business:

10461 MILL RUN CIRCLE
OWINGS MILLS, MD 21117

Current Mailing Address:

10461 MILL RUN CIRCLE
OWINGS MILLS, MD 21117 US

FEI Number: 47-1350541

FILED
Mar 29, 2018
Secretary of State
CC6262271281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MARK WILLIAMS 03/29/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER
Name	MASICA, PAUL
Address	1702 E. MCNAIR DRIVE
City-State-Zip:	TEMPE AZ 85283

Title	MEMBER
Name	JOHNSON, WARREN
Address	1702 E. MCNAIR DRIVE
City-State-Zip:	TEMPE AZ 85283

Title	MEMBER
Name	GUERRERO, GUS
Address	1702 E. MCNAIR DRIVE
City-State-Zip:	TEMPE AZ 85283

Title	MEMBER
Name	LIMOGES, CLAUDE
Address	10461 MILL RUN CIRCLE SUITE 1100
City-State-Zip:	OWINGS MILLS MD 21117

Title	MEMBER
Name	STUPI, RON
Address	1702 E. MCNAIR DRIVE
City-State-Zip:	TEMPE AZ 85283

Title	MEMBER
Name	JOHNSON, WILLIAM
Address	1702 E. MCNAIR DRIVE
City-State-Zip:	TEMPE AZ 85283

Title	MEMBER
Name	VARNEY, CHRIS
Address	1702 E. MCNAIR DRIVE
City-State-Zip:	TEMPE AZ 85283

Title	MEMBER
Name	LIMOGES, JOANNE
Address	10461 MILL RUN CIRCLE SUITE 1100
City-State-Zip:	OWINGS MILLS MD 21117

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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: CLAUDE LIMOGES MEMBER 03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MEMBER
Name	MAINS, TIMOTHY
Address	10461 MILL RUN CIRCLE SUITE 1100
City-State-Zip:	OWINGS MILLS MD 21117