



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(v)) is subject to a penalty fee of \$25.00.

1. ID No. 000117177		2. Exact name of the limited liability company csc Applied Technologies LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Provide equipment and personnel for operations and maintenance			
5. Principal office address 6500 West Freeway, Suite 600		City Fort Worth		State TX	Zip 76116
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name CSC Applied Technologies LLC					
Street Address 6500 West Freeway, Suite 600		City Fort Worth		State TX	Zip 76116
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Ralph E. Baker		Manager Name William L. Deckelman, Jr.			
Street Address 3170 Fairview Park Drive		Street Address 3170 Fairview Park Drive			
City Falls Church	State VA	Zip 22042	City Falls Church	State VA	Zip 22042
Manager Name James W. Sheaffer		Manager Name			
Street Address 3170 Fairview Park Drive		Street Address			
City Falls Church	State VA	Zip 22042	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

NOV 25 2009

By 104739 11:25

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000117177

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

James W. Sheaffer
Signature of Authorized Person

30 July 2009
Date

James W. Sheaffer, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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