RI SOS Filing Number: 201586508160 Date: 10/29/2015 12:34 PM

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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2015

1. ID No. 000798209

2. Exact Name of the Limited Liability Company O'BRIENS RESPONSE MANAGEMENT, L.L.C.

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Crisis preparedness, planning, response and recovery consulting services.

5. Principal Office Address

No. and Street: 2200 ELLER DRIVE
City or Town: FORT LAUDERDALE State: FL Zip: 33316 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: LEGAL DEPARTMENT Contact Title:
No. and Street: 2200 ELLER DRIVE
PO BOX 13038
City or Town: FORT LAUDERDALE State: FL Zip: 33316 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KENNETH BURRIS	1201 15TH STREET NW, SUITE 600 WASHINGTON, DC 20005 USA
MANAGER	GREGORY FENTON	1201 15TH STREET NW, SUITE 600 WASHINGTON, DC 20005 USA
MANAGER	KEITH FORSTER	2929 E. IMPERIAL HWY., SUITE 290 BREA, CA 92821 USA

0-8633-0

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 29 Day of October, 2015 at 12:36:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LISA MANEKIN
Signature of Authorized Person

Form No. 632
Revised 09/07