


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 845050

1. Entity Name
 CACI, INC. - FEDERAL



Principal Place of Business Mailing Address

1100 N GLEBE RD 1100 N GLEBE RD
 ARLINGTON, VA 22201 US ARLINGTON, VA 22201 US

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1008371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONDON, J P 1100 N. GLEBE RD. ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, WARREN R 1100 N. GLEBE RD. ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, KENNETH L 1100 N. GLEBE RD. ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP CLANCY, WILLIAM J 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ELEFANTE, JEFFREY 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP KUHN, JAMES D 1100 N. GLEBE ROAD ARLINGTON, VA 22201

100000167556
 07/21/04-80001-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James D. Kuhn* 7/12/04 703.841.7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #