

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845050

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: CACI, INC. - FEDERAL

**Current Principal Place of Business:**

1100 N GLEBE RD  
ARLINGTON, VA 22201 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 N GLEBE RD  
ARLINGTON, VA 22201 US

**New Mailing Address:**

FEI Number: 54-1008371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LONDON, J PHILLIP  
Address: 1100 N. GLEBE RD.  
City-St-Zip: ARLINGTON, VA 22201

Title: P  
Name: ALLEN, DAN  
Address: 1100 N. GLEBE RD.  
City-St-Zip: ARLINGTON, VA 22201

Title: VP  
Name: FOLKMAN, MICHAEL T  
Address: 1100 N. GLEBE RD.  
City-St-Zip: ARLINGTON, VA 22201

Title: S  
Name: MORSE, ARNOLD D  
Address: 1100 NORTH GLEBE ROAD  
City-St-Zip: ARLINGTON, VA 22201

Title: T  
Name: MUTRYN, THOMAS A  
Address: 1100 NORTH GLEBE ROAD  
City-St-Zip: ARLINGTON, VA 22201

Title: D  
Name: PHILLIPS, WARREN R  
Address: 2850 DAISY RD.  
City-St-Zip: WOODBINE, MD 21797

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T. FOLKMAN

VP

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date