

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005469

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: CACI-ATHENA INC.

**Current Principal Place of Business:**

1100 N GLEBE RD  
ARLINGTON, VA 22201

**New Principal Place of Business:**

**Current Mailing Address:**

1100 N GLEBE RD  
ARLINGTON, VA 22201

**New Mailing Address:**

FEI Number: 76-0800945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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 NORTH GLEBE ROAD  
City-St-Zip: ARLINGTON, VA 22201

Title: P  
Name: ALLEN, DAN  
Address: 1110 NORTH GLEBE ROAD  
City-St-Zip: ARLINGTON, VA 22201

Title: VP  
Name: FOLKMAN, MICHAEL T  
Address: 1100 NORTH GLEBE ROAD  
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