

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005469

**Entity Name:** CACI-ATHENA INC.

**Current Principal Place of Business:**

1100 N GLEBE RD  
ARLINGTON, VA 22201

**Current Mailing Address:**

1100 N GLEBE RD  
ARLINGTON, VA 22201

**FEI Number: 76-0800945**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           LONDON, J PHILLIP  
Address        1100 NORTH GLEBE ROAD  
City-State-Zip: ARLINGTON VA 22201

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

Title           VP  
Name           FOLKMAN, MICHAEL T  
Address        1100 NORTH GLEBE ROAD  
City-State-Zip: ARLINGTON VA 22201

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

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

Title           DIRECTOR  
Name           PHILLIPS, WARREN R  
Address        2850 DAISY ROAD  
City-State-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**

**VICE PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date