## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000507

Entity Name: CACI NSS, INC.

**Current Principal Place of Business:** 

1100 N. GLEBE ROAD ARLINGTON, VA 22201

## **Current Mailing Address:**

1100 N. GLEBE ROAD ARLINGTON, VA 22201 US

FEI Number: 45-3790950 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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: KIM LEONARD, ASST, SECRETARY 01/09/2018

> Date Electronic Signature of Registered Agent

**FILED** Jan 09, 2018

**Secretary of State** 

CC6524448788

Date

## Officer/Director Detail:

Title DIRECTOR Title **SECRETARY** LONDON, J. PHILLIP Name KOEGEL, J. WILLIAM JR. Name 1100 N. GLEBE ROAD Address 1100 N. GLEBE ROAD Address City-State-Zip: ARLINGTON VA 22201 ARLINGTON VA 22201 City-State-Zip:

Title **TREASURER** Title VΡ

Name MUTRYN, THOMAS A Name FOLKMAN, MICHAEL T Address 1100 N. GLEBE ROAD Address 1100 N. GLEBE ROAD ARLINGTON VA 22201 City-State-Zip: City-State-Zip: ARLINGTON VA 22201

Title **SECRETARY** Title **DIRECTOR** 

Name KOEGEL, J. WILLIAM JR. PHILLIPS. WARREN R Name Address 1100 N. GLEBE ROAD 2850 DAISY ROAD Address City-State-Zip: ARLINGTON VA 22201 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.

01/09/2018 SIGNATURE: MICHAEL T. FOLKMAN VICE PRESIDENT