

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89162

FILED
Apr 24, 2012
Secretary of State

Entity Name: CACI SECURED TRANSFORMATIONS, INC.

Current Principal Place of Business:

1100 NORTH GLEBE ROAD
ARLINGTON, VA 22201 US

New Principal Place of Business:

Current Mailing Address:

1100 NORTH GLEBE ROAD
ARLINGTON, VA 22201 US

New Mailing Address:

FEI Number: 65-0294929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PHILLIPS, WARREN R
Address: 2850 DAISY ROAD
City-St-Zip: WOODBINE, MD 21797

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

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

Title: T
Name: MUTRYN, THOMAS A
Address: 1100 N. 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: D
Name: LONDON, J PHILLIP
Address: 1100 NORTH GLEBE ROAD
City-St-Zip: ARLINGTON, VA 22201

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