

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S89162

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC4452404798**

**Entity Name:** CACI SECURED TRANSFORMATIONS, INC.

**Current Principal Place of Business:**

1100 NORTH GLEBE ROAD  
ARLINGTON, VA 22201

**Current Mailing Address:**

1100 NORTH GLEBE ROAD  
ARLINGTON, VA 22201 US

**FEI Number:** 65-0294929

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 D  
Name PHILLIPS, WARREN R  
Address 2850 DAISY ROAD  
City-State-Zip: WOODBINE MD 21797

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

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

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

Title CEO  
Name COFONI, PAUL M.  
Address 1100 NORTH GLEBE ROAD  
City-State-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: ARNOLD D. MORSE**

**SECRETARY**

**04/22/2013**

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

\_\_\_\_\_  
Date