

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 852526

**FILED  
Apr 03, 2018  
Secretary of State  
CC1336023796**

**Entity Name:** ENGILITY CORPORATION

**Current Principal Place of Business:**

4803 STONECROFT BOULEVARD  
CHANTILLY, VA 20151

**Current Mailing Address:**

4803 STONECROFT BOULEVARD  
CHANTILLY, VA 20151 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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            SECRETARY  
Name            MILLER, THOMAS O.  
Address        4803 STONECROFT BOULEVARD  
City-State-Zip: CHANTILLY VA 20151

Title            PRESIDENT  
Name            DUGLE, LYNN A.  
Address        4803 STONECROFT BOULEVARD  
City-State-Zip: CHANTILLY VA 20151

Title            TREASURER  
Name            GUILLAUME, RAY  
Address        4803 STONECROFT BOULEVARD  
City-State-Zip: CHANTILLY VA 20151

Title            DIRECTOR  
Name            MILLER, THOMAS O.  
Address        4803 STONECROFT BOULEVARD  
City-State-Zip: CHANTILLY VA 20151

Title            DIRECTOR  
Name            REHBERGER, WAYNE M  
Address        4803 STONECROFT BOULEVARD  
City-State-Zip: CHANTILLY VA 20151

*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: THOMAS O. MILLER**

**SECRETARY**

**04/03/2018**

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

\_\_\_\_\_  
Date