

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000428

Entity Name: LEIDOS INFORMATION TECHNOLOGY COMMERCIAL CORP.**Current Principal Place of Business:**11951 FREEDOM DR
RESTON, VA 20190**Current Mailing Address:**PO BOX 61511, BLDG 100, RM U4632
KING OF PRUSSIA, PA 19406**FEI Number: 52-2121799****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	PRESIDENT, DIRECTOR
Name	REAGAN, JAMES C
Address	11951 FREEDOM DR
City-State-Zip:	RESTON VA 20190

Title	TREASURER
Name	CROWN, MARC H
Address	11951 FREEDOM DR
City-State-Zip:	RESTON VA 20190

Title	SECRETARY
Name	VELDMAN, RAYMOND L
Address	11951 FREEDOM DR
City-State-Zip:	RESTON VA 20190

Title	ASST. SECRETARY
Name	BIRK, MATTHEW
Address	11951 FREEDOM DR
City-State-Zip:	RESTON VA 20190

Title	ASST. SECRETARY
Name	KLIGYS, RAE
Address	11951 FREEDOM DR
City-State-Zip:	RESTON VA 20190

Title	DIRECTOR
Name	MAFFEO, VINCENT A
Address	11951 FREEDOM DR
City-State-Zip:	RESTON VA 20190

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: DONALD P MARTIN**LIMITED POWER OF
ATTORNEY****04/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date