

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000508

Entity Name: CGI FEDERAL INC.**Current Principal Place of Business:**12601 FAIR LAKES CIRCLE
SUITE 500
FAIRFAX, VA 22033**Current Mailing Address:**12601 FAIR LAKES CIRCLE
5TH FLOOR
FAIRFAX, VA 22033**FEI Number:** 27-0087176**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 PRESIDENT, DIRECTOR
Name PEAKE, JAMES B MD
Address 12601 FAIR LAKES CIRCLE
City-State-Zip: FAIRFAX VA 22033

Title DIR
Name SCHINDLER, GEORGE
Address 11325 RANDOM HILLS RD
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name RYAN, DONNA
Address 12601 FAIR LAKES CIRCLE
 SUITE 500
City-State-Zip: FAIRFAX VA 22033

Title SECRETARY, MANAGING COUNSEL
Name HERTZ, MICHELLE D
Address 12601 FAIR LAKES CIRCLE
City-State-Zip: FAIRFAX VA 22033

Title TREASURER
Name PFOST, SCOTT
Address 12601 FAIR LAKES CIRCLE
City-State-Zip: FAIRFAX VA 22033

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: MICHELLE D. HERTZ**SECRETARY****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date