## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004009

Entity Name: LEIDOS FEDERAL HEALTHCARE, INC.

**Current Principal Place of Business:** 

1750 PRESIDENTS STREET RESTON. VA 20190

**Current Mailing Address:** 

1750 PRESIDENTS STREET RESTON, VA 20190 US

FEI Number: 52-1069745 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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

FILED Feb 27, 2023

**Secretary of State** 

6835508395CC

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameCAGE, CHRISTOPHER R.NameCAGE, CHRISTOPHER R.Address1750 PRESIDENTS STREETAddress1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Title DIRECTOR Title TREASURER

NameHOWE, JERALD S. JR.NameLEAK, JAMES COUNCILLAddress1750 PRESIDENTS STREETAddress1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Title SECRETARY

Name WINTER, BENJAMIN A.
Address 1750 PRESIDENTS STREET

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: BENJAMIN A. WINTER

Electronic Signature of Signing Officer/Director Detail

SECRETARY

02/27/2023

Date