

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004009

**Entity Name:** LEIDOS FEDERAL HEALTHCARE, INC.

**Current Principal Place of Business:**

11951 FREEDOM DRIVE  
RESTON, VA 20190

**FILED**  
**Apr 02, 2018**  
**Secretary of State**  
**CC1442177584**

**Current Mailing Address:**

11951 FREEDOM DRIVE  
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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ANTAL, DANIEL J.  
Address        11951 FREEDOM DRIVE  
City-State-Zip: RESTON VA 20190

Title           DIRECTOR  
Name           REAGAN, JAMES C  
Address        11951 FREEDOM DRIVE  
City-State-Zip: RESTON VA 20190

Title           DIRECTOR  
Name           WATTS, SHARON  
Address        11951 FREEDOM DRIVE  
City-State-Zip: RESTON VA 20190

Title           PRESIDENT  
Name           REAGAN, JAMES C  
Address        11951 FREEDOM DRIVE  
City-State-Zip: RESTON VA 20190

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

Title           SECRETARY  
Name           VELDMAN, RAYMOND L.  
Address        11951 FREEDOM DRIVE  
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: RAYMOND L. VELDMAN**

**SECRETARY**

**04/02/2018**

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

\_\_\_\_\_  
Date