2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003775

Entity Name: CACI SYSTEMS, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1100 N. GLEBE RD. ARLINGTON, VA 22201 **Current Mailing Address: New Mailing Address:** 1100 N. GLEBE RD ARLINGTON, VA 22201 FEI Number: 54-0965315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CFO (X) Change () Addition LONDON, J. P COFONI, PAUL M Name: Name: 1100 N GLEBE RD 1100 N GLEBE RD Address: Address: ARLINGTON, VA 22201 US City-St-Zip: ARLINGTON, VA 22201 US City-St-Zip: SVP Title: Title: () Delete (X) Change () Addition Name: HANNA, CAROL P Name: FAIRL, WILLIAM M 1100 N GLEBE RD 1100 N GLEBE RD Address: Address: ARLINGTON, VA 22201 US ARLINGTON, VA 22201 US City-St-Zip: City-St-Zip: () Delete Title: Title: VΡ (X) Change () Addition MORSE, ARNOLD D FOLKMAN, MICHAEL T Name: Name: 1100 N GLEBE RD 1100 N GLEBE RD Address: Address: City-St-Zip: ARLINGTON, VA 22201 US City-St-Zip: ARLINGTON, VA 22201 US Title: () Delete Title: (X) Change () Addition MUTRYN, THOMAS A MORSE, ARNOLD D Name: Name: Address: 1100 N GLEBE RD Address: 1100 N GLEBE RD City-St-Zip: ARLINGTON, VA 22201 US City-St-Zip: ARLINGTON, VA 22201 US Title: Title: () Delete (X) Change () Addition COFONI, PAUL M Name: MUTRYN, THOMAS A Name: 1100 N GLEBE RD Address: 1100 N GLEBE RD Address: ARLINGTON, VA 22201 US ARLINGTON, VA 22201 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition PHILLIPS, WARREN R Name: Name: 1100 N. GLEBE RD Address: Address: City-St-Zip: City-St-Zip: ARLINGTON, VA 22201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL T. FOLKMAN VP 04/25/2008