

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003775

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** CACI SYSTEMS, INC.

**Current Principal Place of Business:**

1100 N. GLEBE RD.  
ARLINGTON, VA 22201

**New Principal Place of Business:**

**Current Mailing Address:**

1100 N. GLEBE RD.  
ARLINGTON, VA 22201

**New Mailing Address:**

**FEI Number:** 54-0965315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LONDON, J PHILLIP  
Address: 1100 N GLEBE RD  
City-St-Zip: ARLINGTON, VA 22201 US

Title: P  
Name: ALLEN, DAN  
Address: 1100 N GLEBE RD  
City-St-Zip: ARLINGTON, VA 22201 US

Title: VP  
Name: FOLKMAN, MICHAEL T  
Address: 1100 N GLEBE RD  
City-St-Zip: ARLINGTON, VA 22201 US

Title: S  
Name: MORSE, ARNOLD D  
Address: 1100 N GLEBE RD  
City-St-Zip: ARLINGTON, VA 22201 US

Title: T  
Name: MUTRYN, THOMAS A  
Address: 1100 N GLEBE RD  
City-St-Zip: ARLINGTON, VA 22201 US

Title: D  
Name: PHILLIPS, WARREN R  
Address: 2850 DAISY RD  
City-St-Zip: WOODBINE, MD 21797

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: MICHAEL T. FOLKMAN

VP

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date