

F0200003775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

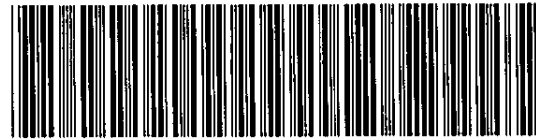
(Business Entity Name)

(Document Number)

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14 MAY -8 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

14 MAY -8 PM 4:20  
DIVISION OF CORPORATE AFFAIRS

WID  
MAY 09 2014  
R. WHITE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 125035 4703157

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : May 8, 2014

ORDER TIME : 1:37 PM

ORDER NO. : 125035-010

CUSTOMER NO: 4703157

FOREIGN FILINGS

NAME: CACI SYSTEMS, INC.

XX\_\_\_ CORPORATE  
\_\_\_ LIMITED PARTNERSHIP  
\_\_\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY  
XX\_\_\_ PLAIN STAMPED COPY  
\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Gray - EXT# 62925

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

CACI SYSTEMS, INC.

\_\_\_\_\_  
(Name of Corporation)

\_\_\_\_\_  
(Document Number of Corporation (if known))

VIRGINIA

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

1100 NORTH GLEBE RD

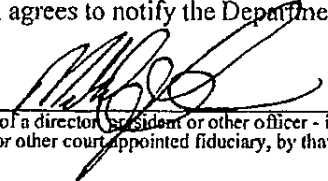
\_\_\_\_\_  
(Mailing Address)

ARLINGTON VA 22201

\_\_\_\_\_  
(City/ State /Zip)

FILED  
14 MAY -8 AM 10:38  
STATE  
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

05/07/2014

\_\_\_\_\_  
(Date)

MICHAEL FOLKMAN

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

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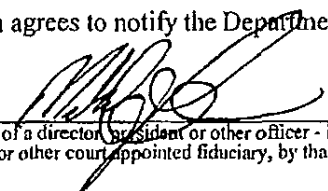
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MICHAEL FOLKMAN

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

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TALLAHASSEE, FLORIDA