

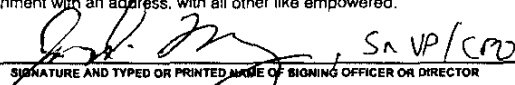


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90007 008 \*\*\*150.00

<b>DOCUMENT # F05000002606</b> 1. Entity Name <b>NCI INFORMATION SYSTEMS, INC.</b>																																																					
Principal Place of Business <b>12249 SCIENCE DRIVE ORLANDO, FL 32826</b>			Mailing Address <b>11730 PLAZA AMERICA DRIVE RESTON, VA 20190</b>																																																		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01082007    Chg-P    CR2E034 (12/06)																																																	
City & State		City & State																																																			
Zip	Country	Zip	Country																																																		
4. FEI Number <b>54-1522509</b>				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change    Addition</td> </tr> <tr> <td></td> <td>PD SOLLEY, MICHAEL W 11730 PLAZA AMERICA DRIVE RESTON, VA 20190</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> <td></td> <td>V Burness, Judith L. 11730 Plaza America Dr Reston, VA 20190</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>D LOMBARDI, PAUL 7241 ADDINGTON DR. MC LEAN, VA 22108</td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td>PD Glasgow, Terry 11730 Plaza America Dr. Reston, VA 20190</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>S CAPPELLO, MICHELE 11730 PLAZA AMERICA DRIVE RESTON, VA 20190</td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td>D Young, Daniel 11730 Plaza America Dr. Reston, VA 20190</td> <td style="text-align: right;"><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>D ALLEN, JAMES 1796 HAWTHORE RIDGE RD. VIENNA, VA 22182</td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>D NARANG, CHARLES 11730 PLAZA AMERICA DRIVE RESTON, VA 20190</td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>D LAWLER, JOHN 1497 CHAIN BRIDGE CT. VIENNA, VA 22102</td> <td style="text-align: right;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete	TITLE	NAME	Change    Addition		PD SOLLEY, MICHAEL W 11730 PLAZA AMERICA DRIVE RESTON, VA 20190	<input checked="" type="checkbox"/>		V Burness, Judith L. 11730 Plaza America Dr Reston, VA 20190	<input type="checkbox"/> <input checked="" type="checkbox"/>		D LOMBARDI, PAUL 7241 ADDINGTON DR. MC LEAN, VA 22108	<input type="checkbox"/>		PD Glasgow, Terry 11730 Plaza America Dr. Reston, VA 20190	<input type="checkbox"/> <input checked="" type="checkbox"/>		S CAPPELLO, MICHELE 11730 PLAZA AMERICA DRIVE RESTON, VA 20190	<input type="checkbox"/>		D Young, Daniel 11730 Plaza America Dr. Reston, VA 20190	<input type="checkbox"/> <input checked="" type="checkbox"/>		D ALLEN, JAMES 1796 HAWTHORE RIDGE RD. VIENNA, VA 22182	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		D NARANG, CHARLES 11730 PLAZA AMERICA DRIVE RESTON, VA 20190	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		D LAWLER, JOHN 1497 CHAIN BRIDGE CT. VIENNA, VA 22102	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																					
<b>SIGNATURE:</b>  <b>SA VP/CPD</b> <b>2/27/07</b> <b>703-707-6900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																					