2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90031 035 ***150.00

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1. Entity Name
NCI INFORMATION SYSTEMS, INC.

40016440

Principal Place of Business	Mailing Address
12249 SCIENCE DRIVE ORLANDO, FL 32826	11730 PLAZA AMERICA DRIVE RESTON, VA 20190

01232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-1522509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GLASGOW, TERRY 11730 PLAZA AMERICA DRIVE RESTON, VA 20190	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DANIEL Young Director 11730 PLAZA America Dr. Reston VA 20190	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMBARDI, PAUL 7241 ADDINGTON DR. MC LEAN, VA 22108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Patrick Mc Mahon 11730 PLAZA America Dr. Reston VA 20190	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAPPELLO, MICHELE 11730 PLAZA AMERICA DRIVE RESTON, VA 21090	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director steven Waechter 11730 PLAZA America Dr. Reston VA 20190	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, JAMES 1796 HAWTHORE RIDGE RD. VIENNA, VA 22182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	G.P. Singh, Director 11730 PLAZA America Dr Reston VA 20190	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARANG, CHARLES 11730 PLAZA AMERICA DRIVE RESTON, VA 21090	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWLER, JOHN 1497 CHAIN BRIDGE CT. VIENNA, VA 22102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Michael R. Spelle 1/29/08 7037076566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #