2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# F05000002606

Entity Name: NCI INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

12249 SCIENCE DRIVE
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

11730 PLAZA AMERICA DRIVE
RESTON, VA 20190

New Mailing Address:

FEI Number: 54-1522509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GLASGOW, TERRY
Address: 11730 PLAZA AMERICA DRIVE
City-St-Zip: RESTON, VA 20190

Title: D ( ) Delete
Name: LOMBARDI, PAUL
Address: 7241 ADDINGTON DR.
City-St-Zip: MC LEAN, VA 22108

Title: S ( ) Delete
Name: CAPPELLO, MICHELE
Address: 11730 PLAZA AMERICA DRIVE
City-St-Zip: RESTON, VA 21090

Title: D ( ) Delete
Name: ALLEN, JAMES
Address: 1796 HAWTHORE RIDGE RD.
City-St-Zip: VIENNA, VA 22182

Title: D ( ) Delete
Name: NARANG, CHARLES
Address: 11730 PLAZA AMERICA DRIVE
City-St-Zip: RESTON, VA 21090

Title: D ( ) Delete
Name: LAWLER, JOHN
Address: 1497 CHAIN BRIDGE CT.
City-St-Zip: VIENNA, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHELE CAPPELLO SECR 03/10/2009

Electronic Signature of Signing Officer or Director — Date