2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **F99000002687** Jun 05, 2000 8:00 am 1. Entity Name Secretary of State CACI TECHNOLOGY SERVICES, INC. 06-05-2000 90008 049 ***150.00 Principal Place of Business Mailing Address 1100 NORTH GLEBE ROAD 1100 NORTH GLEBE ROAD ARLINGTON VA 22201 **ARLINGTON VA 22201-4798** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 54-1073310 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria; on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition CEOD ☐ Delete TITLE TITI F LONDON, J.P. NAME NAME 1100 N. GLEBE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ARLINGTON VA 22201** Addition Change TITLE Delete **ELEFANTE, JEFFREY**: NAME STREET ADDRESS 1100 NORTH GLEBE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ARLINGTON VA 22201 X Change ■ Addition TITLE TITLE Delete Thomas J.-Lex-WAECHTER, STEPHEN: L: -NAME NAME-1100 N. GLEBERD. STREET ADDRESS STREET ADDRESS 1100 NORTH GLEBE ROAD ARLINGTONINA 22201 CITY-ST-ZIP ARLINGTON VA 22201 CITY-ST-ZIP Change Change ☐ Addition Delete TITLE Kenneth L. Johnson TITLE NAME BIERS, JAMES J NAME 1100 N. GLEBE RA STREET ADDRESS 1100 NORTH GLEBE ROAD STREET ADDRESS ARLINGTON, VA 2224 CITY-ST-ZIP CITY-ST-7IP **ARLINGTON VA 22201** Change ☐ Addition TITI F Delete NAME PHILLIPS, WARREN R STREET ADDRESS STREET ADDRESS 1100 NORTH GLEBE ROAD CITY-ST-7IP CITY-ST-ZIP ARLINGTON VA 22201 Change Addition SVP Delete TITLE CLANCY, WILLIAM J NAME STREET ADDRESS STREET ADDRESS 1100 NORTH GLEBE ROAD CITY-ST-ZIP **ARLINGTON VA 22201** 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if