

# 2001 UNIFORM BUSINESS REPORT (UBR)

01-24-2001 90502 040 \*\*\*\*61.25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA 32301-0000  
 01 AUG 24 PM 2: 58

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <u>F99000002687</u>			
1. Entity Name			
CACI TECHNOLOGY SERVICES, INC.			
Principal Place of Business		Mailing Address	
1100 NORTH GLEBE ROAD ARLINGTON, VA 22201		1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 54-1073310		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD LONDON, J. P 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP ELEFANTE, JEFFREY 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP WAECHTER, STEPHEN L 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JIM BIER 1100 NORTH GLEBE ARLINGTON, VA 22201	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, WARREN R 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP CLANCY, WILLIAM 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, L. KENNETH 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCDERMOTT, MICHAEL 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michael McDermott</u>		MICHAEL MCDERMOTT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>8/1/01</u> Daytime Phone #: <u>703-841-7800</u>	

CR2E034 (11/00)