

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90056 002 ***150.00

DOCUMENT # P33703

1. Corporation Name

CACI FIELD SERVICES, INC.

Principal Place of Business

1100 N. GLEBE ROAD
ARLINGTON VA 22201

Mailing Address

1100 N. GLEBE ROAD
ARLINGTON VA 22201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1991

4. FEI Number

54-1382221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LONDON, J. PHILLIP
STREET ADDRESS 1100 N. GLEBE ROAD
CITY-ST-ZIP ARLINGTON VA 22201

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE EVPT ☒ DELETE
NAME ALLEN, JAMES P
STREET ADDRESS 1100 N. GLEBE ROAD
CITY-ST-ZIP ARLINGTON VA 22201

2.1 TITLE EVP/Treasurer ☐ Change ☒ Addition
2.2 NAME Stephen L. Waechter
2.3 STREET ADDRESS 1100 N. Glebe Road
2.4 CITY-ST-ZIP Arlington, VA 22201

TITLE EVPS ☐ DELETE
NAME ELEFANTE, JEFFREY P
STREET ADDRESS 1100 N. GLEBE ROAD
CITY-ST-ZIP ARLINGTON VA 22201

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE
NAME CLANCY, WILLIAM J.
STREET ADDRESS 1100 N. GLEBE ROAD
CITY-ST-ZIP ARLINGTON VA 22201

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SVP ☒ DELETE
NAME CLANCEY, WILLIAM J
STREET ADDRESS 1100 N. GLEBE ROAD
CITY-ST-ZIP ARLINGTON VA 22201

5.1 TITLE VP ☐ Change ☒ Addition
5.2 NAME James D. Kuhn
5.3 STREET ADDRESS 1100 N. Glebe Rd.
5.4 CITY-ST-ZIP Arlington, VA 22201

TITLE VP ☒ DELETE
NAME SEWELL, JAMES C
STREET ADDRESS 1081 19TH STREET
CITY-ST-ZIP VIRGINIA BEACH FL 23451

6.1 TITLE VP ☐ Change ☐ Addition
6.2 NAME James S. McRoberts
6.3 STREET ADDRESS 1100 N. Glebe Rd.
6.4 CITY-ST-ZIP Arlington, VA 22201

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Kuhn

James D. Kuhn

4-17-99

703/841-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)