## **2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 827118** 

Entity Name: LEIDOS GOVERNMENT SERVICES, INC.

**Current Principal Place of Business:** 

1750 PRESIDENTS STREET RESTON. VA 20190

**Current Mailing Address:** 

1750 PRESIDENTS STREET RESTON. VA 20190 US

FEI Number: 52-0882982 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

FILED Apr 24, 2021

Secretary of State

1592168287CC

Officer/Director Detail:

Title SENIOR TAX DIRECTOR Title TREASURY ACCOUNTS OFFICER

Name LEAK, JAMES COUNCILL Name BROWN, MARCIA L.

Address 1750 PRESIDENTS STREET Address 1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Title DIRECTOR Title DIRECTOR

Name REAGAN, JAMES C Name HOWE, JERALD S. JR.

Address 1750 PRESIDENTS STREET Address 1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Title SECRETARY Title TREASURER

Name WINTER, BENJAMIN A. Name LEAK, JAMES COUNCILL
Address 1750 PRESIDENTS STREET Address 1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Title TREASURY ACCOUNTS OFFICER Title SENIOR VICE PRESIDENT FOR REAL

GREENE, PATRICK J

Name GREENE, PATRICK J Name SCOTT, ROBERT W

Address 1750 PRESIDENTS STREET Address 1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: PATRICK J GREENE TREASURY ACCOUNTS 04/24/2021 OFFICER

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title ASSISTANT SECRETARY Title ASSISTANT SECRETARY

Name BIRK, MATTHEW Name KLIGYS, RAE

Address 1750 PRESIDENTS STREET Address 1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190

Title PRESIDENT

Name BEDROWSKY, AARON

Address 1750 PRESIDENTS STREET

City-State-Zip: RESTON VA 20190