

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002606

Entity Name: NCI INFORMATION SYSTEMS, INC.**Current Principal Place of Business:**12249 SCIENCE DRIVE
ORLANDO, FL 32826**Current Mailing Address:**11730 PLAZA AMERICA DRIVE
RESTON, VA 20190**FEI Number:** 54-1522509**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**Officer/Director Detail :**

Title	PRES
Name	CLARK, BRIAN
Address	11730 PLAZA AMERICA DRIVE
City-State-Zip:	RESTON VA 20190

Title	D
Name	LOMBARDI, PAUL
Address	7241 ADDINGTON DR.
City-State-Zip:	MC LEAN VA 22108

Title	S
Name	CAPPELLO, MICHELE
Address	11730 PLAZA AMERICA DRIVE
City-State-Zip:	RESTON VA 21090

Title	D
Name	ALLEN, JAMES
Address	1796 HAWTHORE RIDGE RD.
City-State-Zip:	VIENNA VA 22182

Title	CEO
Name	NARANG, CHARLES
Address	11730 PLAZA AMERICA DRIVE
City-State-Zip:	RESTON VA 21090

Title	D
Name	LAWLER, JOHN
Address	1497 CHAIN BRIDGE CT.
City-State-Zip:	VIENNA VA 22102

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: MICHELE R. CAPPELLO**SECRETARY****03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date