

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002561

Entity Name: CACI-SYSTEMWARE, INC.**Current Principal Place of Business:**1100 NORTH GLEBE RD
ARLINGTON, VA 22201**Current Mailing Address:**1100 NORTH GLEBE RD
ARLINGTON, VA 22201 US**FEI Number: 77-0395946****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT
Name	MENGUCCI, JOHN S.
Address	1100 NORTH GLEBE RD
City-State-Zip:	ARLINGTON VA 22201

Title	TREASURER
Name	MUTRYN, THOMAS A.
Address	1100 NORTH GLEBE RD
City-State-Zip:	ARLINGTON VA 22201

Title	SECRETARY
Name	KOEGEL, J. WILLIAM JR.
Address	1100 NORTH GLEBE RD
City-State-Zip:	ARLINGTON VA 22201

Title	VICE PRESIDENT
Name	FOLKMAN, MICHAEL T.
Address	1100 NORTH GLEBE RD
City-State-Zip:	ARLINGTON VA 22201

Title	DIRECTOR
Name	LONDON, J. PHILLIP
Address	1100 NORTH GLEBE RD
City-State-Zip:	ARLINGTON VA 22201

Title	DIRECTOR
Name	PHILLIPS, WARREN R.
Address	2850 DAISY ROAD
City-State-Zip:	WOODBINE MD 21797

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: MICHAEL T. FOLKMAN**VICE PRESIDENT****04/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date