

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001766

Entity Name: SCIENCE APPLICATIONS INTERNATIONAL CORPORATION**Current Principal Place of Business:**12010 SUNSET HILLS ROAD
RESTON, VA 20190**Current Mailing Address:**12010 SUNSET HILLS ROAD
RESTON, VA 20190 US**FEI Number:** 46-1932921**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 DIRECTOR, PRESIDENT
Name KEENE, NAZZIC S.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title TREASURER
Name MCGEE, PATRICK J.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name BEDINGFIELD, ROBERT A.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name HAMRE, JOHN J.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name SHANE, STEVEN R.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name MAYOPOULOS, TIMOTHY J.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name MCFARLAND, KATHARINA G
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name GOODE, CAROL A.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

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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: HILARY L. HAGEMAN**SECRETARY****04/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KANOUFF, YVETTE M.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name MCGURIT, MILFORD W.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name REAGAN, JAMES C.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title SECRETARY
Name HAGEMAN, HILARY L.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name GRAHAM, GARTH N.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name HANDLON, CAROLYN B.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190

Title DIRECTOR
Name MOREA, DONNA S.
Address 12010 SUNSET HILLS ROAD
City-State-Zip: RESTON VA 20190