

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002891

**Entity Name:** LEIDOS INNOVATIONS TECHNOLOGY, INC.**Current Principal Place of Business:**1750 PRESIDENTS STREET  
RESTON, VA 20190**Current Mailing Address:**1750 PRESIDENTS STREET  
RESTON, VA 20190 US**FEI Number:** 81-3056234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O 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           TREASURER  
Name           LEAK, JAMES COUNCILL  
Address       1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title           SECRETARY  
Name           WINTER, BENJAMIN A.  
Address       1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title           DIRECTOR  
Name           HOWE, JERALD S. JR.  
Address       1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title           TREASURY ACCOUNTS OFFICER  
Name           BROWN, MARCIA L.  
Address       1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title           ASSISTANT SECRETARY  
Name           KLIGYS, RAE  
Address       1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title           ASSISTANT SECRETARY  
Name           BIRK, MATTHEW  
Address       1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title           TREASURY ACCOUNTS OFFICER  
Name           GREENE, PATRICK J  
Address       1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title           PRESIDENT  
Name           CHRISTOPHER R, CAGE  
Address       1750 PRESIDENTS STREET  
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:** CHRISTOPHER R , CAGE**PRESIDENT****04/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                CHRISTOPHER R., CAGE  
Address             1750 PRESIDENTS STREET  
City-State-Zip:    RESTON VA 20190

Title                 TREASURY ACCOUNTS OFFICER  
Name                ERIC C., MOOREFIELD  
Address             1750 PRESIDENTS STREET  
City-State-Zip:    RESTON VA 20190