

2023 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

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: WINTER, BENJAMIN A.**SECRETARY****02/25/2023**

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