

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 AUG 24 PM 2: 58

A0081364

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>F99000002687</u>				1. Entity Name																																																																																																																																																	
CACI TECHNOLOGY SERVICES, INC.																																																																																																																																																					
Principal Place of Business			Mailing Address																																																																																																																																																		
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2. Principal Place of Business			3. Mailing Address																																																																																																																																																		
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City & State		City & State		4. FEI Number																																																																																																																																																	
Zip		Country		54-1073310																																																																																																																																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																	
8. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																		
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<p>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with my address, with all other like empowered.</p>																																																																																																																																																					
SIGNATURE: <u>Michael McDermott</u>			MICHAEL MCDERMOTT		8/1/01 703-841-7800																																																																																																																																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #																																																																																																																																																

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