

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:38**

**DOCUMENT # P21651 (5)**  
1. Corporation Name  
**CACI SYSTEMS INTEGRATION INC.**

Principal Place of Business Mailing Address  
**1100 N. GLEBE ROAD ARLINGTON VA 22201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/07/1988** 3a. Date of Last Report **03/07/1994**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>54-1008368</b>	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b>	1.1 TITLE	<b>CHAIRMAN OF THE BOARD/</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONDON, JACK P.</b>	1.2 NAME	<b>DIRECTOR</b>
STREET ADDRESS	<b>1100 N. GLEBE ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARLINGTON VA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b>	2.1 TITLE	<b>SR. VICE PRESIDENT/</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELEFANTE, JEFFREY</b>	2.2 NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>1100 N. GLEBE ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARLINGTON VA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<b>SR. VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLANCY, W.</b>	3.2 NAME	
STREET ADDRESS	<b>1100 N. GLEBE ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARLINGTON VA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<b>EXEC. VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADFORD, GREGORY H.</b>	4.2 NAME	
STREET ADDRESS	<b>1100 N. GLEBE ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARLINGTON VA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VT</b>	5.1 TITLE	<b>EXEC. VICE PRESIDENT/</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRICKLAND, SAMUEL R.</b>	5.2 NAME	<b>TREASURER</b>
STREET ADDRESS	<b>1100 N. GLEBE ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARLINGTON VA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>* SEE ATTACHED DETAIL *</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on its attachment with an address.

**SIGNATURE:** *William J. Clancy* **WILLIAM J. CLANCY** 4/21/95 (703) 841-7961

(SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR)

(Date)

(Telephone Number)

**CAI Systems Integration Inc**  
EIN: 54-1008368

*Palles*

21-Apr-95

DIRECTORS

<u>Name</u>	<u>Social Security No.</u>	<u>Address</u>
J. Phillip London	445-32-2767	1100 North Glebe Road Arlington, VA 22201
Warren R. Phillips	350-34-1202	2850 Daisy Road Woodbine, MD 21797

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Social Security No.</u>	<u>Address</u>
Chairman of the Board	J. Phillip London	445-32-2767	1100 North Glebe Road Arlington, VA 22201
President	Raymond J. Oleson	472-48-7244	1100 North Glebe Road Arlington, VA 22201
Executive Vice President and Treasurer	Samuel R. Strickland	225-68-6323	1100 North Glebe Road Arlington, VA 22201
Executive Vice President	Gregory R. Bradford	560-68-2171	27 Balmuir Gardens, Putney London SW15, 6NG England
Senior Vice President	William J. Glancy	451-50-3529	1100 North Glebe Road Arlington, VA 22201
Senior Vice President and Secretary	Jeffrey P. Elefante	143-36-1314	1100 North Glebe Road Arlington, VA 22201
Assistant Secretary	Arnold D. Morse	093-40-4440	1100 North Glebe Road Arlington, VA 22201

Directors serve one year terms and are elected at the annual shareholders meeting or until their successors are elected.  
Officers are appointed by and serve at the pleasure of the Board of Directors.