

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL -8 AM 9: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Principal Place of Business 1100 N. GLEBE ROAD ARLINGTON VA 22201	Mailing Address 1100 N. GLEBE ROAD ARLINGTON VA 22201-4788
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3. Date Incorporated or Qualified 11/07/1988	3a. Date of Last Report 02/20/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number 54-1008368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, 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**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box)	600002236468--3 -07/11/97--01112--018
83.	****165.00 ****165.00
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DFOC	<input checked="" type="checkbox"/> DELETE
NAME	LONDON, JACK P.	
STREET ADDRESS	1100 N. GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	ELEFANTE, JEFFREY	
STREET ADDRESS	1100 N. GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CLANCY, W.	
STREET ADDRESS	1100 N. GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BRADFORD, GREGORY H.	
STREET ADDRESS	1100 N. GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OLESON, RAYMOND J.	
STREET ADDRESS	1100 NORTH GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	COB/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LONDON, J. PHILLIP	
1.3 STREET ADDRESS	1100 NORTH GLEBE ROAD	
1.4 CITY-ST-ZIP	ARLINGTON, VA 22201	
2.1 TITLE	EXECUTIVE VP/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELEFANTE, JEFFREY P.	
2.3 STREET ADDRESS	1100 NORTH GLEBE ROAD	
2.4 CITY-ST-ZIP	ARLINGTON, VA 22201	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	EXECUTIVE VP/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALLEN, JAMES P.	
5.3 STREET ADDRESS	1100 NORTH GLEBE ROAD	
5.4 CITY-ST-ZIP	ARLINGTON, VA 22201	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

SEE ATTACHED DETAIL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE *[Signature]* SENIOR VP 11/24/97 (703) 841-7800

CR2E034 (9/96)

CACI Systems Integration Inc
EIN: 54-1008368

24-Apr-97

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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 and President	J. Phillip London	445-32-2767	1100 North Glebe Road Arlington, VA 22201
Executive Vice President, Chief Financial Officer and Treasurer	James P. Allen	212-56-0142	1100 North Glebe Road Arlington, VA 22201
Executive Vice President, General Counsel, and and Secretary	Jeffrey P. Elefante	143-36-1314	1100 North Glebe Road Arlington, VA 22201
Executive Vice President	Gregory R. Bradford	560-68-2171	CACI House Kensington Village London W14 8TS England
Senior Vice President	William J. Clancy	451-50-3529	1100 North Glebe Road Arlington, VA 22201
Vice President, Assistant General Counsel, and 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.