


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90056 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33703

1. Corporation Name
CACI FIELD SERVICES, INC.

Principal Place of Business 1100 N. GLEBE ROAD ARLINGTON VA 22201	Mailing Address 1100 N. GLEBE ROAD ARLINGTON VA 22201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1991	
21		26		4. FEI Number 54-1382221	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, J. PHILLIP	1.2 NAME	
STREET ADDRESS	1100 N. GLEBE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22201	1.4 CITY-ST-ZIP	
TITLE	EVPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	EVP/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, JAMES P	2.2 NAME	Stephen L. Waechter
STREET ADDRESS	1100 N. GLEBE ROAD	2.3 STREET ADDRESS	1100 N. Glebe Road
CITY-ST-ZIP	ARLINGTON VA 22201	2.4 CITY-ST-ZIP	Arlington, VA 22201
TITLE	EVPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELEFANTE, JEFFREY P	3.2 NAME	
STREET ADDRESS	1100 N. GLEBE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22201	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLANCY, WILLIAM J.	4.2 NAME	
STREET ADDRESS	1100 N. GLEBE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22201	4.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLANCEY, WILLIAM J	5.2 NAME	James D. Kuhn
STREET ADDRESS	1100 N. GLEBE ROAD	5.3 STREET ADDRESS	1100 N. Glebe Rd.
CITY-ST-ZIP	ARLINGTON VA 22201	5.4 CITY-ST-ZIP	Arlington, VA 22201
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, JAMES C	6.2 NAME	James S. McRoberts
STREET ADDRESS	1081 19TH STREET	6.3 STREET ADDRESS	1100 N. Glebe Rd.
CITY-ST-ZIP	VIRGINIA BEACH FL 23451	6.4 CITY-ST-ZIP	Arlington, VA 22201

14. 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 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, with all other like empowered.

SIGNATURE: James D. Kuhn **James D. Kuhn** **4-17-99** **703/841-7800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)