## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89162

Entity Name: CACI SECURED TRANSFORMATIONS, INC.

Apr 22, 2013 **Secretary of State** CC4452404798

**FILED** 

## **Current Principal Place of Business:**

1100 NORTH GLEBE ROAD ARLINGTON, VA 22201

## **Current Mailing Address:**

1100 NORTH GLEBE ROAD ARLINGTON, VA 22201 US

FEI Number: 65-0294929 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Title

PHILLIPS, WARREN R Name ALLEN, DAN Name

Address 1100 N. GLEBE ROAD Address 2850 DAISY ROAD City-State-Zip: ARLINGTON VA 22201 WOODBINE MD 21797 City-State-Zip:

Title Т Title S

Name MUTRYN, THOMAS A Name MORSE, ARNOLD D Address 1100 N. GLEBE ROAD Address 1100 N. GLEBE ROAD ARLINGTON VA 22201 City-State-Zip: ARLINGTON VA 22201 City-State-Zip:

Title \/P Title

Name LONDON, J PHILLIP Name FOLKMAN, MICHAEL T

Address 1100 NORTH GLEBE ROAD 1100 NORTH GLEBE ROAD Address

City-State-Zip: ARLINGTON VA 22201 City-State-Zip: ARLINGTON VA 22201

Title CEO

COFONI, PAUL M. Name

1100 NORTH GLEBE ROAD Address City-State-Zip: ARLINGTON VA 22201

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.

04/22/2013 SIGNATURE: ARNOLD D. MORSE **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date