

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89162

Entity Name: CACI SECURED TRANSFORMATIONS, INC.

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 PRESIDENT
Name MENGUCCI, JOHN S.
Address 1100 NORTH GLEBE ROAD
City-State-Zip: ARLINGTON VA 22201

Title SECRETARY
Name KOEGEL, J. WILLIAM JR.
Address 1100 NORTH GLEBE ROAD
City-State-Zip: ARLINGTON VA 22201

Title TREASURER
Name MUTRYN, THOMAS A.
Address 1100 NORTH GLEBE ROAD
City-State-Zip: ARLINGTON VA 22201

Title VICE PRESIDENT
Name FOLKMAN, MICHAEL T.
Address 1100 NORTH GLEBE ROAD
City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR
Name LONDON, J. PHILLIP
Address 1100 NORTH GLEBE ROAD
City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR
Name PHILLIPS, WARREN R.
Address 2850 DAISY RD.
City-State-Zip: WOODBINE MD 21797

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.

SIGNATURE: MICHAEL T. FOLKMAN

VP

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date