

1.) CORPORATION NAME: NCI Information Systems, Incorporated	DUE DATE: 11/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHELE R CAPPELLO 11730 PLAZA AMERICA DRIVE RESTON, VA 20190	SCC ID NO: 03500824				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	20,000,000
CLASS	AUTHORIZED				
COMMON	20,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 11730 PLAZA AMERICA DRIVE CITY/ST/ZIP: RESTON, VA 20190	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRIAN J CLARK TITLE: PRESIDENT ADDRESS: 11730 PLAZA AMERICA DRIVE CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CHANDER NARANG TITLE: CEO ADDRESS: 11730 PLAZA AMERICA DRIVE CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHELE R CAPPELLO TITLE: SECRETARY ADDRESS: 11730 PLAZA AMERICA DRIVE CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHELE R CAPPELLO	MICHELE R CAPPELLO, SECRETARY	12/27/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.