

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211501676

1.) CORPORATION NAME:

SAIC-Frederick, Inc.

DUE DATE: **1/31/2011**

SCC ID NO: **F1536103**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: NCI-FREDERICK
P.O. BOX B

CITY/ST/ZIP: FREDERICK, MD 21702-1201

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: LARRY O. ARTHUR OFFICER DIRECTOR
TITLE: PRESIDENT/CEO
ADDRESS: NCI-FREDERICK
P.O. BOX B
CITY/ST/ZIP/CO: FREDERICK, MD 21702-1201

NAME: ELIZABETH R. BASELER OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 5705 INDUSTRY LANE
CITY/ST/ZIP/CO: FREDERICK, MD 21704-

NAME: MICHAEL W. BASELER OFFICER DIRECTOR
TITLE: SENIOR VP
ADDRESS: NCI-FREDERICK
P.O. BOX B
CITY/ST/ZIP/CO: FREDERICK, MD 21702-1201

NAME: DAVID F. BUFTER OFFICER DIRECTOR
TITLE: EVP & T/CAO/RCM
ADDRESS: NCI-FREDERICK
P.O. BOX B
CITY/ST/ZIP/CO: FREDERICK, MD 21702-1201

NAME: KENNETH R. CARPENTER, JR. OFFICER DIRECTOR
TITLE: EVP & CFO / RCM
ADDRESS: 92 THOMAS JOHNSON DRIVE
SUITE 250
CITY/ST/ZIP/CO: FREDERICK, MD 21702-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY N. CARRINGTON SENIOR VP NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH W. CRAVER, II CHAIRMAN 1710 SAIC DRIVE MS T1-13-2 MCLEAN, VA 22102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC H. CROWN TAO 10260 CAMPUS POINT DRIVE MS A3 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J. FISHER VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN P. FISHER ASS T & TAO/RCM 10260 CAMPUS POINT DRIVE MS A3 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS R. GAUM VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY L. GAUSE EVP & CMO/RCM 5705 INDUSTRY LANE FREDERICK, MD 21704-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A. GILLY VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL GILNA DIRECTOR 305 BURNEY CIRCLE KNOXVILLE, TN 37934-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J. HARRIS EVP & CTO NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R. HARTLEY ASST SECRETARY 10260 CAMPUS POINT DRIVE MS A3 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK R. HAZARD SENIOR VP, RE 10140 CAMPUS POINT DRIVE MAIL STOP H-4 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY W. HEBB VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID T. HOEKZEMA VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C. KOPP VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY E. KORZENIEWSKI VICE PRESIDENT 8424 HELGERMAN CT. GAITHERSBURG, MD 20877-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY D. LIFSON SENIOR VP NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R. LONERGAN SENIOR VP MAIL STOP 350 NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA C MARSHALL VICE PRESIDENT MAIL STOP 350 NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN A. MCCORMICK VICE PRESIDENT 8424 HELGERMAN COURT GAITHERSBURG, MD 20877-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT E. MCNEIL VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH V. MICHAELS VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN L. MILLER VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAUTAM MITRA SENIOR VP NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUCY K. MOFFITT R COM MEMBER 10260 CAMPUS POINT DRIVE MS A3 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL S. MORIN SENIOR VP/RCM NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT V. NISSLEY VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A. PENDLETON SENIOR VP NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLEMMENT VINCENT QUELLA, III ASST SECRETARY 10260 CAMPUS POINT DRIVE MS A-3 SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARLENE L ROSMARINO VICE PRESIDENT MAIL STOP BLDG 371 NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DUANE ROTH DIRECTOR CONNECT 8950 VILLA LA JOLLA DRIVE SUITE A124 LA JOLLA, CA 92037-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VADIM M. SAPIRO SENIOR VP NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS E. SCOTT ASST SECRETARY 10260 CAMPUS POINT DRIVE SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WANDA K. SHOOK-BARTLETT SECRETARY P.O. BOX B FREDERICK, MD 21702-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL W. SMITH VICE PRESIDENT 915 TOLL HOUSE AVENUE FREDERICK, MD 21701-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JILL S. SUGDEN SENIOR VP/RCM NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: GEORGE C. TARR TITLE: SENIOR VP ADDRESS: 7116 GEOFFREY WAY CITY/ST/ZIP/CO: FREDERICK, MD 21704-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DANTE J. TEDALDI TITLE: VICE PRESIDENT ADDRESS: NCI-FREDERICK P.O. BOX B CITY/ST/ZIP/CO: FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN C. TRIFONE TITLE: SENIOR VP ADDRESS: NCI-FREDERICK P.O. BOX B CITY/ST/ZIP/CO: FREDERICK, MD 21702-1201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WALTER J. URBA TITLE: DIRECTOR ADDRESS: PROVIDENCE PORTLAND MEDICAL CENTER 4805 N.E. GLISAN ST. 5F-40 CITY/ST/ZIP/CO: PORTLAND, OR 97213-	<input type="checkbox"/> OFFICER <input checked="" 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.		
<u>/s/ CLEMENT VINCENT QUELLA, III</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CLEMENT VINCENT QUELLA, III,</u> ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>1/14/2011</u> 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.		