

1.) CORPORATION NAME:

**SAIC-Frederick, Inc.**

DUE DATE: **1/31/2012**

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: JOSEPH W CRAVER, III  OFFICER  DIRECTOR  
 TITLE: COB  
 ADDRESS: 1710 SAIC DRIVE  
 MS T1-13-2  
 CITY/ST/ZIP/CO: MCLEAN, VA 22102-

NAME: PAUL GILNA  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 305 BURNEY CIRCLE  
 CITY/ST/ZIP/CO: KNOXVILLE, TN 37934-

NAME: DAVID C HEIMBROOK  OFFICER  DIRECTOR  
 TITLE: CEO  
 ADDRESS: NCI-FREDERICK  
 P.O. BOX B  
 CITY/ST/ZIP/CO: FREDERICK, MD 21702-

NAME: DUANE ROTH  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: CONNECT 8950 VILLA LA JOLLA DRIVE  
 SUITE A124  
 CITY/ST/ZIP/CO: LA JOLLA, CA 92037-

NAME: DOUGLAS E SCOTT  OFFICER  DIRECTOR  
 TITLE: ASST SECRETARY  
 ADDRESS: 10260 CAMPUS POINT DRIVE  
 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER J URBA DIRECTOR PROVIDENCE PORTLAND MEDICAL CENTER 4805 N.E. GLISAN ST. 5F-40 PORTLAND, OR 97213-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID F BUFTER EVP/T/CAO/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:	KENNETH R CARPENTER, JR. EVP/CFO/RCM 92 THOMAS JOHNSON DRIVE SUITE 250 FREDERICK, MD 21702-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN P FISHER AT/TAO/RCM 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:	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:	LUCY K MOFFITT 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:	RANDALL S MORIN SVP/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:	JILL S SUGDEN SVP/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:	MICHAEL W BASELER SVP 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:	MARY N CARRINGTON SVP 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:	LIONEL FEIGENBAUM SVP NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK R HAZARD SVP, 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:	JEFFREY D LIFSON SVP 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 SVP 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:	GAUTAM MITRA SVP 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 SVP 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:	VADIM M SAPIRO SVP 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 C TRIFONE SVP 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:	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:	ELIZABETH R BASELER VICE PRESIDENT 5705 INDUSTRY LANE FREDERICK, MD 21704-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK R COLLINS VICE PRESIDENT NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702-	<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:	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:	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:	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:	KATHRYN L HOFFMAN VICE PRESIDENT 92 THOMAS JOHNSON DRIVE SUITE 250 FREDERICK, MD 21702-	<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:	PATRICIA C MARSHALL VICE PRESIDENT 7116 GEOFFREY WAY FREDERICK, MD 21704-	<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:	DWIGHT V NISSLEY VICE PRESIDENT NCI-FREDERICK P.O. BOX B MS BLDG 539 FREDERICK, MD 21702-1201	<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: MICHAEL W SMITH TITLE: VICE PRESIDENT ADDRESS: 915 TOLL HOUSE AVENUE CITY/ST/ZIP/CO: FREDERICK, MD 21701-	<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: PAUL M WILLIAMS TITLE: VICE PRESIDENT ADDRESS: NCI-FREDERICK P.O. BOX B CITY/ST/ZIP/CO: FREDERICK, MD 21702-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN R HARTLEY TITLE: ASST SECRETARY ADDRESS: 10260 CAMPUS POINT DRIVE MS A3 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CLEMENT VINCENT QUELLA, III TITLE: ASST SECRETARY ADDRESS: 10260 CAMPUS POINT DRIVE MS A-3 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARC H CROWN TITLE: TAO ADDRESS: 10260 CAMPUS POINT DRIVE MS A-3 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121-	<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.		
<u>/s/ CLEMENT VINCENT QUELLA, III</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CLEMENT VINCENT QUELLA, III,</u> PRINTED NAME AND CORPORATE TITLE	<u>12/8/2011</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.		