

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213552932

1.) CORPORATION NAME:

SAIC-Frederick, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1536103**

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:	ELIZABETH R BASELER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5705 INDUSTRY LANE		
CITY/ST/ZIP/CO:	FREDERICK, MD 21704		

NAME:	JACK R COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	NCI-FREDERICK P.O. BOX B		
CITY/ST/ZIP/CO:	FREDERICK, MD 21702		

NAME:	DOUGLAS R GAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	NCI-FREDERICK P.O. BOX B		
CITY/ST/ZIP/CO:	FREDERICK, MD 21702-1201		

NAME:	JOHN A GILLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	NCI-FREDERICK P.O. BOX B		
CITY/ST/ZIP/CO:	FREDERICK, MD 21702-1201		

NAME:	TERRY W HEBB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	NCI-FREDERICK P.O. BOX B		
CITY/ST/ZIP/CO:	FREDERICK, MD 21702-1201		

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: 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:	DANTE J TEDALDI 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 M WILLIAMS 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:	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:	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:	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:	CLEMENT 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:	DAVID F BUFTER EVP/T/CAO 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 AT/TAO 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:	JOSEPH W CRAVER, III COB 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:	DAVID C HEIMBROOK CEO NCI-FREDERICK P.O. BOX B FREDERICK, MD 21702	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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:	KENNETH R CARPENTER, JR. EVP/CFO 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:	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:	MARC H CROWN TAO 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:	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:	BARRY L GAUSE EVP/CMO 5705 INDUSTRY LANE FREDERICK, MD 21704	<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: GAUTAM MITRA TITLE: SVP 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: RANDALL S MORIN TITLE: SVP 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: RICHARD A PENDLETON TITLE: SVP 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: VADIM M SAPIRO TITLE: SVP 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: JILL S SUGDEN TITLE: SVP 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: SVP 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 GILNA TITLE: DIRECTOR ADDRESS: 305 BURNEY CIRCLE CITY/ST/ZIP/CO: KNOXVILLE, TN 37934	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DUANE ROTH TITLE: DIRECTOR ADDRESS: CONNECT 8950 VILLA LA JOLLA DRIVE SUITE A124 CITY/ST/ZIP/CO: LA JOLLA, CA 92037	<input type="checkbox"/> OFFICER <input checked="" 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.	
/s/ CLEMENT VINCENT QUELLA, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLEMENT VINCENT QUELLA, III, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
12/31/2012 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.