

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

CACI Products Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1580119**

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	500
COMB	500
PREFER	500

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 NORTH GLEBE ROAD

CITY/ST/ZIP: ARLINGTON, VA 22201

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.

<p>NAME: DAN ALLEN TITLE: PRESIDENT ADDRESS: 1100 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22201</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL T FOLKMAN TITLE: VICE PRESIDENT ADDRESS: 1100 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22201</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS A MUTRYN TITLE: TREASURER ADDRESS: 1100 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22201</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PAUL M COFONI TITLE: CEO ADDRESS: 1100 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22201</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM M FAIRL TITLE: EVP ADDRESS: 1100 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22201</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ARNOLD D MORSE TITLE: SECRETARY ADDRESS: 1100 NORTH GLEBE ROAD CITY/ST/ZIP/CO: ARLINGTON, VA 22201</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J PHILLIP LONDON DIRECTOR 1100 NORTH GLEBE ROAD ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN R PHILLIPS DIRECTOR 2850 DAISY ROAD WOODBINE, MD 21797	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MICHAEL T FOLKMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL T FOLKMAN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/13/2014 DATE
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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.