

1.) CORPORATION NAME:

CGI Federal Inc.

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **4/30/2011**

SCC ID NO: **F1665290**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12601 FAIR LAKES CIR 5TH FLR

CITY/ST/ZIP: FAIRFAX, VA 22033-

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: GEORGE SCHINDLER OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 12601 FAIR LAKES CIR
 5TH FL
 CITY/ST/ZIP/CO: FAIRFAX, VA 22033-

NAME: CHRISTINA MARCHIONE OFFICER DIRECTOR
 TITLE: TCO/SEC
 ADDRESS: 12601 FAIR LAKES CIR 5TH FLR
 CITY/ST/ZIP/CO: FAIRFAX, VA 22033-

NAME: SCOTT PFOST OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 12601 FAIR LAKES CIR
 5TH FLOOR
 CITY/ST/ZIP/CO: FAIRFAX, VA 22033-

NAME: PAUL LOMBARDI OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 12601 FAIR LAKES CIRCLE
 5TH FLOOR
 CITY/ST/ZIP/CO: FAIRFAX, VA 22033-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA S MOREA DIRECTOR 12601 FAIR LAKES CIR 5TH FL FAIRFAX, VA 22033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH MINITIAM DIRECTOR 12601 FAIR LAKES CIRCLE FAIRFAX, VA 22033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE SCHINDLER DIRECTOR 12601 FAIR LAKES CIRCLE SUITE 500 FAIRFAX, VA 22033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH FIGINI DIRECTOR 11325 RANDOM HILLS ROAD FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SCHNEIDER JR. DIRECTOR 12601 FAIR LAKES CIRCLE SUITE 500 FAIRFAX, VA 22033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. DAVID ANDERSON DIRECTOR 1130 SHERBROOKE ST. WEST MONTREAL, QC H3A 2M8-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E ROACH DIRECTOR 1130 SHERBROOKE ST. WEST MONTREAL, QC H3A 2M8-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER SCHOOMAKER DIRECTOR 12601 FAIR LAKES CIRCLE, SUITE 500 FAIRFAX, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES B PEAKE DIRECTOR 12601 FAIR LAKES CIRCLE, STE 500 FAIRFAX, VA -	<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/ CHRISTINA MARCHIONE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINA MARCHIONE, <u>TCO/SEC</u> PRINTED NAME AND CORPORATE TITLE	<u>4/29/2011</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.