

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

**CGI Federal Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1665290**

**CORPORATION SERVICE COMPANY**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12601 FAIR LAKES CIRCLE  
SUITE 500

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:	DONNA RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	JAMES B PEAKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	SCOTT B. PFOST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	PAUL LOMBARDI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	7241 ADDINGTON DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22101		

NAME:	MICHELLE D. HERTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	SCOTT NADEAU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OFFICER		
ADDRESS:	12601 FAIR LAKES CIRCLE		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. DAVID ANDERSON DIRECTOR 1350 RENE-LEVESQUE BOULEVARD WEST MONTREAL, QUEBEC H3G 1T4, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY H. GRIGGS DIRECTOR 12601 FAIR LAKES CIRCLE FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL E ROACH DIRECTOR 1350 RENE-LEVESQUE BOULEVARD WEST MONTREAL, QUEBEC H3G 1T4, CA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE SCHINDLER DIRECTOR 11325 RANDOM HILL ROAD FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER J. SCHOOMAKER DIRECTOR 12601 FAIR LAKES CIRCLE FAIRFAX, VA 22033	<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/ MICHELLE D. HERTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE D. HERTZ, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/17/2014 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.			