

SCC eFile  
(6/10)

2010 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

210503240

1.) CORPORATION NAME:

**CACI Secured Transformations, 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:

**FL**

DUE DATE: **11/30/2010**

SCC ID NO: **F1727504**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 NORTH GLEBE RD

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.

NAME:	ARNOLD MORSE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1100 N GLEBE RD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201-		
NAME:	PAUL M COFONI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1100 N GLEBE RD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201-		
NAME:	WARREN R PHILLIPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2850 DAISY ROAD		
CITY/ST/ZIP/CO:	WOODBINE, MD 21797-		
NAME:	WILLIAM M FAIRL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1100 N GLEBE RD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202-		
NAME:	THOMAS A MUTRYN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1100 N GLEBE RD		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201-		

NAME:                   MICHAEL T FOLKMAN TITLE:                   VICE PRESIDENT ADDRESS:                1100 N GLEBE RD CITY/ST/ZIP/CO:        ARLINGTON, VA 22201-	<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.

/s/ MICHAEL T FOLKMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL T FOLKMAN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	_____ 10/14/2010 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.