


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004703

1. Entity Name
 ALION SCIENCE AND TECHNOLOGY CORPORATION



Principal Place of Business
 1750 TYSONS BLVD., STE. 1300
 MCLEAN, VA 22102

Mailing Address
 ATTN: M. ABLES
 10 WEST 35TH STREET
 CHICAGO, IL 60616



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 54-2061691

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	ATEFI, BAHMAN
STREET ADDRESS	1750 TYSONS BLVD., STE. 1300
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	VPT
NAME	HUGHES, JOHN M
STREET ADDRESS	1750 TYSONS BLVD., STE. 1300
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	VP
NAME	CRAWFORD, C. RANDALL
STREET ADDRESS	185 ADMIRAL COCHRANE DRIVE
CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	VP
NAME	MENDLER, STACY J
STREET ADDRESS	1750 TYSONS BLVD., STE. 1300
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	V
NAME	WATSON, BARRY S
STREET ADDRESS	1750 TYSONS BLVD., STE. 1300
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 04/25/05-80158-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Bischof DONALD BISCHOF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 (312) 567-4130
 Date Daytime Phone #

VP FOR ALION SCIENCE & TECHNOLOGY