

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004703

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**6898539019CC**

**Entity Name:** ALION SCIENCE AND TECHNOLOGY CORPORATION

**Current Principal Place of Business:**

8350 BROAD STREET  
SUITE 1400  
MCLEAN, VA 22102

**Current Mailing Address:**

1000 BURR RIDGE PARKWAY, SUITE202  
ATTN: MICHAEL ABLES  
BURR RIDGE, IL 60527 US

**FEI Number:** 54-2061691

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO, PRESIDENT  
Name SCHORER, STEVEN T  
Address 8350 BROAD STREET  
SUITE 1400  
City-State-Zip: MCLEAN VA 22102

Title CFO, TREASURER, VP  
Name COOK, KEVIN L  
Address 8350 BROAD STREET  
SUITE 1400  
City-State-Zip: MCLEAN VA 22102

Title VP, SECRETARY, GENERAL  
Name FISHER, BRIAN T  
Address 8350 BROAD STREET  
SUITE 1400  
City-State-Zip: MCLEAN VA 22102

Title CHAIRMAN, DIRECTOR  
Name GORCZYNSKI, BRIAN J  
Address C/O ALION SCIENCE - LEGAL DEPT.  
8350 BROAD STREET SUITE 1400  
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR  
Name MUSALLAM, RAMZI M  
Address C/O ALION SCIENCE - LEGAL DEPT.  
8350 BROAD STREET SUITE 1400  
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR  
Name SUGAR, DANIEL H  
Address C/O ALION SCIENCE - LEGAL DEPT.  
8350 BROAD STREET SUITE 1400  
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR  
Name KRISHNAN, ANEAL  
Address C/O ALION SCIENCE - LEGAL DEPT.  
8350 BROAD STREET SUITE 1400  
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR  
Name GERENCSEK, MARK J  
Address C/O ALION SCIENCE - LEGAL DEPT.  
8350 BROAD STREET SUITE 1400  
City-State-Zip: MCLEAN VA 22102

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL S. ABLES

**AUTHORIZED EMPLOYEE** 01/14/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OTHER: AUTHORIZED EMPLOYEE FOR SIGNING ANNUAL REPORT  
Name ABLES, MICHAEL S  
Address 1000 BURR RIDGE PKWY., SUITE 202  
City-State-Zip: BURR RIDGE IL 60527

Title DIRECTOR  
Name SCHORER, STEVEN T  
Address 8350 BROAD STREET SUITE 1400  
City-State-Zip: MCLEAN VA 22102