

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 29, 2021
Secretary of State
2464854525CC

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, SUITE 202
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
COUNSEL
Name FISHER, BRIAN T
Address 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 GERENCSE, MARK J
Address C/O ALION SCIENCE - LEGAL DEPT.
8350 BROAD STREET SUITE 1400
City-State-Zip: MCLEAN VA 22102

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

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

AUTH EMPLOYEE

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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