

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 12, 2017
Secretary of State
CC8562303004

Entity Name: ALION SCIENCE AND TECHNOLOGY CORPORATION

Current Principal Place of Business:

1750 TYSONS BLVD.
SUITE 1300
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: Yes

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, DIRECTOR
Name ATEFI, BAHMAN
Address 1750 TYSONS BLVD., STE. 1300
City-State-Zip: MCLEAN VA 22102

Title CFO, TREASURER, VP
Name COOK, KEVIN L
Address 1750 TYSONS BLVD., STE. 1300
City-State-Zip: MCLEAN VA 22102

Title VP, SECRETARY, GENERAL COUNSEL
Name FISHER, BRIAN T
Address 1750 TYSONS BLVD., STE. 1300
City-State-Zip: MCLEAN VA 22102

Title COO, VP
Name SAMUELSEN, BRUCE E
Address 1750 TYSONS BLVD., STE. 1300
City-State-Zip: MCLEAN VA 22102

Title CHAIRMAN, DIRECTOR
Name GORCZYNSKI, BRIAN J
Address C/O ALION SCIENCE - LEGAL DEPT.
1750 TYSONS BLVD., SUITE 1300
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name MUSALLAM, RAMZI M
Address C/O ALION SCIENCE - LEGAL DEPT.
1750 TYSONS BLVD., SUITE 1300
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name SUGAR, DANIEL H
Address C/O ALION SCIENCE - LEGAL DEPT.
1750 TYSONS BLVD., SUITE 1300
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name KRISHNAN, ANEAL
Address C/O ALION SCIENCE - LEGAL DEPT.
1750 TYSONS BLVD., SUITE 1300
City-State-Zip: MCLEAN VA 22102

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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 SIGNER

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GERENCSE, MARK J
Address C/O ALION SCIENCE - LEGAL DEPT.
 1750 TYSONS BLVD., STE 1300
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