

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004703

**FILED**  
**Jan 25, 2019**  
**Secretary of State**  
**8197721325CC**

**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:** 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 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

**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** 01/25/2019

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name SCHORER, STEVEN T  
Address 1750 TYSONS BLVD.  
SUITE 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