

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 830961 (9)
1. Corporation Name
BOOZ-ALLEN & HAMILTON INC.



Principal Place of Business Mailing Address
C/O CT CORPORATION SYSTEM
~~25 HANOVER RD.~~
FLORHAM PARK NJ 07832
BOOZ ALLEN & HAMILTON INC.
~~25 HANOVER RD.~~
FLORHAM PARK NJ 07832
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 FOUR WOOD HOLLOW RD		10/02/1973	
22 City & State		27 PO BOX 0239		4. FEI Number	
23 Zip		28 PARSIPPANY NJ		36-2513626	
24 Country		29 07054		5. Certificate of Status Desired	
		30 MORRIS		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.05-02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDZIK, DANIEL R	1.2 NAME	
STREET ADDRESS	101 PARK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N Y 00000	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASIOR, WILLIAM F	2.2 NAME	
STREET ADDRESS	4330 E WEST HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEZZA, THOMAS A	3.2 NAME	
STREET ADDRESS	25 HANOVER ROAD	3.3 STREET ADDRESS	FOUR WOOD HOLLOW ROAD
CITY-ST-ZIP	FLORHAM PARK NJ	3.4 CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	CFO	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	MARTHA CLARK GOSS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FOUR WOOD HOLLOW ROAD
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

CR2E034 (10/97)