

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90191 007 ***150.00

DOCUMENT # 830961

1. Corporation Name

BOOZ-ALLEN & HAMILTON INC.

Principal Place of Business
C/O CT CORPORATION SYSTEM
~~25 HANOVER RD.~~
FLORHAM PARK NJ 07932

Mailing Address
FOUR WOOD HOLLOW RD
P. O. BOX 0239
PARSIPPANY NJ 07054
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1973

4. FEI Number

36-2513626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 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

TITLE SV ☐ DELETE

NAME IDZIK, DANIEL R
STREET ADDRESS 101 PARK AVE
CITY-ST-ZIP NEW YORK, N Y 00000

TITLE CEO ☐ DELETE

NAME STASIOR, WILLIAM F
STREET ADDRESS 4330 E WEST HWY
CITY-ST-ZIP BETHESDA MD

TITLE AT ☐ DELETE

NAME FEZZA, THOMAS A
STREET ADDRESS FOUR WOOD HOLLOW RD
CITY-ST-ZIP PARSEPPANY NJ 07054

TITLE CFO ☐ DELETE

NAME GOSS, MARTHA CLARK
STREET ADDRESS FOUR WOOD HOLLOW RD
CITY-ST-ZIP PARSEPPANY NJ 07054

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SR VP & Secy
1.3 STREET ADDRESS C.G. Appleby
1.4 CITY-ST-ZIP 8283 Greensboro DR
McLean, VA 22102

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Ralph Shrader
2.3 STREET ADDRESS 8283 Greensboro DR
2.4 CITY-ST-ZIP McLean VA 22102

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

473-630-6700

Daytime Phone #

CR2E034 (11/98)