


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 830961</b><br>1. Entity Name<br><b>BOOZ ALLEN HAMILTON INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>101 PARK AVE<br/>NEW YORK, NY 10178</b> | Mailing Address<br><b>FOUR WOOD HOLLOW RD<br/>P. O. BOX 0239<br/>PARSIPPANY, NJ 07054 US</b> |
|---|--|

**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>36-2513626</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when certifying) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000156718  
05/05/04-80086-015 150.00**

| 10. OFFICERS AND DIRECTORS                      |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | SVS<br>APPLEBY, C G<br>8283 GREENSBORO DR<br>MCLEAN, VA 22102             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | CEO<br>SHRADER, RALPH<br>8283 GREENSBORO DR<br>MCLEAN, VA 22102           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | AT<br>LUCKEWICZ, MICHAEL<br>FOUR WOOD HOLLOW RD<br>PARSIPPANY, NJ 07054   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | VPTD<br>SWENSON, DOUGLAS G<br>FOUR WOOD HOLLOW RD<br>PARSIPPANY, NJ 07054 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP | PWCB<br>LEWIS, DANIEL C<br>101 PARK AVE<br>NEW YORK, NY 10178             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Michael Luckewicz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/04**  
Date

**973-630-6700**  
Daytime Phone #