


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 830961 1. Entity Name BOOZ ALLEN HAMILTON INC.	
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Principal Place of Business 101 PARK AVE NEW YORK, NY 10178	Mailing Address FOUR WOOD HOLLOW RD P. O. BOX 0239 PARSIPPANY, NJ 07054 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS APPLEBY, C G 8283 GREENSBORO DR MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHRADER, RALPH 8283 GREENSBORO DR MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LUCKEWICZ, MICHAEL FOUR WOOD HOLLOW RD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SWENSON, DOUGLAS G FOUR WOOD HOLLOW RD PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PWCB LEWIS, DANIEL C 101 PARK AVE NEW YORK, NY 10178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000527271
05/04/06-80107-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Luckewicz Michael Luckewicz 4/4/06 973-630-674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #