

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91448 015 ***150.00

DOCUMENT # 830961

1. Entity Name
BOOZ ALLEN HAMILTON INC.



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2513626**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	SVS	<input type="checkbox"/> Delete
NAME	APPLEBY, C G	
STREET ADDRESS	8283 GREENSBORO DR	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SHRADER, RALPH	
STREET ADDRESS	8283 GREENSBORO DR	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	AT	<input type="checkbox"/> Delete
NAME	LUCKEWICZ, MICHAEL	
STREET ADDRESS	FOUR WOOD HOLLOW RD	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	SWENSON, DOUGLAS G	
STREET ADDRESS	FOUR WOOD HOLLOW RD	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	PWCB	<input type="checkbox"/> Delete
NAME	LEWIS, DANIEL C	
STREET ADDRESS	101 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

973-630-6700
Daytime Phone #

CR2E034 (10/02)