2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007
Secretary of State

DOCUMENT# F01000000150

Entity Name: SCIENCE & ENGINEERING ASSOCIATES, INC.

Current Principal Place of Business:

ONE SUN PLAZA 100 SUN AVENUE NE
SUITE 500
ALBUQUERQUE, NM 87109

New Principal Place of Business:

Current Mailing Address:

7918 JOANES BRANCH DR
SUITE 400
MC LEAN, VA 22102

New Mailing Address:

7918 JONES BRANCH DR
SUITE 400
MC LEAN, VA 22102

FEI Number: 85-0280770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OLIVER, DANIEL
Address: 7918 JONES BRANCH DRIVE SUITE 400
City-St-Zip: MCLEAN, VA 22102

Title: V ( ) Delete
Name: LESLIE, PAUL
Address: 7450-B BOSTON BLVD
City-St-Zip: SPRINGFIELD, VA 22153

Title: S ( ) Delete
Name: MILLER, SHEILA J
Address: 100 SUN AVENUE NE SUITE 500
City-St-Zip: ALBUQUERQUE, NM 87109

Title: S (X) Delete
Name: WESTON, THOMAS W
Address: 7918 JONES BRANCH DRIVE SUITE 400
City-St-Zip: MCLEAN, VA 22102

Title: D (X) Delete
Name: ODEEN, PHIL
Address: 7918 JONES BRANCH DRIVE SUITE 400
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANDREW, DUANE
Address: 7918 JONES BRANCH DRIVE SUITE 350
City-St-Zip: MCLEAN, VA 22102

Title: A.SE (X) Change ( ) Addition
Name: FOX, DEBORAH
Address: 7918 JONES BRANCH DRIVE SUITE 350
City-St-Zip: MCLEAN, VA 22102

Title: D (X) Change ( ) Addition
Name: ANDREWS, DUANE
Address: 7918 JONES BRANCH DRIVE
City-St-Zip: MCLEAN, VA 87109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH FOX A.SE 08/01/2007

Electronic Signature of Signing Officer or Director — Date