## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000150

Entity Name: SCIENCE & ENGINEERING ASSOCIATES, INC.

FILED May 01, 2008 Secretary of State

Comment Drive in al Diseas of Business			Now Pri	New Principal Place of Business		
Current Principal Place of Business:				incipal Place of Business:		
SUITE 500	PLAZA 100 SI RQUE, NM 87	UN AVENUE NE 109				
Current Mailing Address:			New Ma	New Mailing Address:		
				100 SUN AVENUE NE		
7918 JONES BRANCH DR SUITE 400 MC LEAN, VA 22102			SUITE 5	SUITE 500 ALBUQUERQUE, NM 22102		
FEI Number:	85-0280770	FEI Number Applied For ( )	El Number Not A	pplicable ( ) Certificate	of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name a	nd Address of New Regist	ered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above in the State		ubmits this statement for the purp	ose of changin	g its registered office or reg	istered agent, or both,	
SIGNATURE:						
		c Signature of Registered Agent		Da	ite	
Election Cam		(2)(b), F.S., the corporation did not red Trust Fund Contribution ( ). ************************************	-	otice. ONS/CHANGES TO OFFIC	ERS AND DIRECTORS:	
Title:		Delete	Title:	P (X) Change ()		
Name:	ANDREW, DUAN		Name:	SUNDLING, THOMAS	, sadition	
Address: City-St-Zip:	7918 JONES BR MCLEAN, VA 22	ANCH DRIVE SUITE 350 2102	Address: City-St-Zip	7918 JONES BRANCH DRIV D: MCLEAN, VA 22102	E SUITE 350	
Title:		Delete	Title:	( ) Change ( )	Addition	
Name: Address:	FOX, DEBORAH 7918 JONES BR	ANCH DRIVE SUITE 350	Name: Address:			
City-St-Zip:	MCLEAN, VA 22		City-St-Zip	o:		
Title:	D ()	Delete	Title:	( ) Change ( ).	Addition	
Name: Address:	ANDREWS, DUA 7918 JONES BR		Name: Address:			
City-St-Zip:	MCLEAN, VA 87		City-St-Zip	o:		
Title:	( )	Delete	Title:	TREA ( ) Change (X)	Addition	
Name:			Name:	MACIVOR, ROB	- 500	
Address: City-St-Zip:			Address: City-St-Zip	100 SUN AVENUE NE, SUITE : ALBUQUERQUE, NM 87109		
Title:	( )	Delete	Title:	SEC ( ) Change (X)	Addition	
Name: Address:			Name: Address:	MILLER, SHEILA 100 SUN AVENUE NE, SUITE	= 500	
City-St-Zip:			City-St-Zip			
Title:	( )	Delete	Title:	CONT ( ) Change (X)	Addition	
Name:			Name:	NELSON, DINA	= 500	
Address: City-St-Zip:			Address: City-St-Zip	100 SUN AVENUE NE, SUITE c: ALBUQUERQUE, NM 87109		

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: SHEILA MILLER SEC 05/01/2008