


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90832 050 \*\*\*150.00

<b>DOCUMENT # F02000005025</b>	
1. Entity Name <b>ALION - BMH CORPORATION</b>	

Principal Place of Business <b>5365 ROBIN HOOD ROAD STE. 100 NORFOLK, VA 23513</b>	Mailing Address <b>5365 ROBIN HOOD ROAD STE. 100 NORFOLK, VA 23513</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>c/o ALION, ATTN: M. ABLES</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>10 WEST 35<sup>TH</sup> STREET</b>
City & State	City & State <b>CHICAGO, ILLINOIS</b>
Zip	Zip <b>60616</b>
Country	Country <b>USA</b>

40092110



04232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CP <input checked="" type="checkbox"/> Delete
NAME	<b>HARVEY, EDWARD P JR</b>
STREET ADDRESS	<b>1709 STONE CHURCH MEWS</b>
CITY-ST-ZIP	<b>VIRGINIA BEACH, VA 23455</b>
TITLE	VCP <input checked="" type="checkbox"/> Delete
NAME	<b>MCGINN, JOHN P JR</b>
STREET ADDRESS	<b>4637 PAUL REVERE ROAD</b>
CITY-ST-ZIP	<b>VIRGINIA BEACH, FL 23455</b>
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	<b>MCGINN, JOHN P JR</b>
STREET ADDRESS	<b>4637 PAUL REVERE ROAD</b>
CITY-ST-ZIP	<b>VIRGINIA BEACH, FL 23455</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES. / DIR. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEROY R. GOFF</b>
STREET ADDRESS	<b>11815 FOUNTAIN WAY, STE. 500</b>
CITY-ST-ZIP	<b>NEWPORT NEWS, VA 23606</b>
TITLE	TR. / DIR. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN M. HUGHES</b>
STREET ADDRESS	<b>1750 TYSONS BLVD., STE. 1300</b>
CITY-ST-ZIP	<b>MCLEAN, VA 22102</b>
TITLE	SEC. / DIR. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES C. FONTANA</b>
STREET ADDRESS	<b>1750 TYSONS BLVD., STE. 1300</b>
CITY-ST-ZIP	<b>MCLEAN, VA 22102</b>
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	
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 exemptions 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>M. Goff, Tax Dir.</b>	4-24-07	(312) 567-4124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #