

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005025

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ALION - BMH CORPORATION

## Current Principal Place of Business:

5365 ROBIN HOOD ROAD STE. 100  
NORFOLK, VA 23513

## New Principal Place of Business:

1750 TYSONS BLVD.  
SUITE 1300  
MCLEAN, VA 22102 US

## Current Mailing Address:

C/O ALION SCIENCE - ATTN: M. ABLES  
10 WEST 35TH ST  
CHICAGO, IL 60616

## New Mailing Address:

C/O ALION SCIENCE - ATTN: M. ABLES  
10 WEST 35TH STREET  
CHICAGO, IL 60616 US

FEI Number: 54-1384264

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: PD ( ) Delete  
Name: GOFF, LEROY R  
Address: 11815 FOUNTAIN WAY, STE. 500  
City-St-Zip: NEWPORT NEWS, VA 23606

Title: TD ( ) Delete  
Name: HUGHES, JOHN M  
Address: 1750 TYSONS BLVD., STE. 1300  
City-St-Zip: MC LEAN, VA 22102

Title: SD ( ) Delete  
Name: FONTANA, JAMES C  
Address: 1750 TYSONS BLVD., STE. 1300  
City-St-Zip: MC LEAN, VA 22102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OHLE, DAVID  
Address: 1750 TYSONS BLVD., STE. 1300  
City-St-Zip: MCLEAN, VA 22102

Title: TD (X) Change ( ) Addition  
Name: ALBER, MICHAEL J  
Address: 1750 TYSONS BLVD., STE. 1300  
City-St-Zip: MC LEAN, VA 22102

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: DAVID OHLE

P

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date