Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

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REGISTERED AGENT CHANGE

JOHN J. MCMULLEN ASSOCIATES, INC.

Certificate of Status	0
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CT CORP

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York morder to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: John J. McMullen Associates, Inc. 2. The principal office address: 70 Wood Avenue South, Floor 3, Iselin, New Jersey, 08830		
3. The mailing address (if different); c/o Alion Science and Technology Corporation, ATTN: M. Ables		
10 West 35th Street, Chicago, Illinois 60616		
4. Date of incorporation/qualification: 4-5-2005 Document number: F05000002044		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Corporation Service Company		
1201 Hays Street		
Tallahassee, Florida 32301	r 90	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	UN 27	
CT Corporation System	P	П
1200 South Pine Island Road	လ္က	D
(P.O. Box NOT acceptable)	39	
Plantation, Florida 33324		
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the comparation has been notified in writing of the change.	•	
Starres C. Fontara Secretar	4-	
I hereby accept the appointment as registered agent and agree to act in this capacity.  I fin ther agree to comply with the provisions of all statutes relative to the proper and complete perfor of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or document is being filed merely to reflect a change in the registered affice address, I hereby confirm the corporation has been notified in writing of this change.	mance if this at the	
Molly A. The O6  26  2006 (Date)		
If signing on behalf of an entity:		
Robert S. Lane Assistant Secretary (Typed or Printed Name)		

\* \* \* FILING FEE: \$35,00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)