2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006 8:00 am
Secretary of State
07-18-2006 90086 024 ***150.00

DOCUMENT # F05000002044

1. Entity Name
JOHN J. MCMULLEN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~4300 KING ST., SUITE 400~~ ~~ALEXANDRIA, VA 22302~~	~~4300 KING ST., SUITE 400~~ ~~ALEXANDRIA, VA 22302~~

06202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
70 WOOD AVE., S. (FLR. 3)	c/o ALION, ATTN: M. ABLES
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10 WEST 35th STREET
City & State ISELIN, NJ 08830	City & State CHICAGO, ILLINOIS
Zip: 08830 Country: USA.	Zip: 60616 Country: U.S.A.

4. FEI Number
13-5679965
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CORPORATION SERVICE COMPANY~~ *	Name
~~1201 HAYS ST.~~	Street Address (P.O. Box Number is Not Acceptable)
~~TALLAHASSEE, FL 32301~~	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324	City FL Zip Code
* (PREVIOUSLY SUBMITTED CHANGE)	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD DIAMANT, P. THOMAS 4300 KING ST., SUITE 400 ALEXANDRIA, VA 22302	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEROY R. GOFF c/o ALION, 11815 FOUNTAIN WAY, STE. 500 NEWPORT NEWS, VA 23606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SERRO, ANTHONY 4300 KING ST., SUITE 400 ALEXANDRIA, VA 22302	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHN M. HUGHES c/o ALION, 1750 TYSONS BLVD., STE. 1300 MCLEAN, VA 22102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD HANAFOURDE, DAVID 4300 KING ST., SUITE 400 ALEXANDRIA, VA 22302	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JAMES C. FONTANA c/o ALION, 1750 TYSONS BLVD., STE. 1300 MCLEAN, VA 22102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Secretary 6-22-2006 (703) 269-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #