


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000002044 1. Entity Name ALION - JJMA CORPORATION	
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Principal Place of Business 70 WOOD AVE SOUTH (FLR 3) ISELIN, NJ 08830	Mailing Address C/O ALION, ATTN:M. ABLES 10 WEST 35TH ST CHICAGO, IL 60616
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-5679965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GOFF, LEROY R 11815 FOUNTAIN WAY SUITE 500 NEWPORT NEWS, VA 23606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HUGHES, JOHN M 1750 TYSONS BLVD SUITE 1300 MC LEAN, VA 22102
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FONTANA, JAMES C 1750 TYSONS BLVD SUITE 1300 MC LEAN, VA 22102
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05/25/07-80058-006 150.00

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: *Michael S. Ables* **MICHAEL S. ABLES, TAX DIR.** 4-23-07 (312) 567-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4124