

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002044

Entity Name: ALION - JJMA CORPORATION

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

70 WOOD AVE SOUTH (FLR 3 )  
ISELIN, NJ 08830

## 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:

FEI Number: 13-5679965      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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:

04/17/2009

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 SUITE 500  
City-St-Zip: NEWPORT NEWS, VA 23606

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MENDLER, STACY J  
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., SUITE 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: STACY J. MENDLER

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date