


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90031 048 ***150.00

DOCUMENT # F05000003351		
1. Entity Name ALION - MA&D CORPORATION		

Principal Place of Business 4949 PEARL EAST CIRCLE STE 300 BOULDER, CO 80301	Mailing Address 11301 CORPORATE BLVD STE 101 ORLANDO, FL 32817
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40127206



2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o ALION - ATTN: M. ABLES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10 WEST 35th ST.	
City & State		City & State CHICAGO, ILLINOIS	
Zip	Country	Zip	Country
60616	USA	60616	USA

07112007 Chg-P CR2E034 (12/06)

4. FEI Number **84-1145568** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P - DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUGHERY, MARY BETH		NAME	STACY J. HENDLER	
STREET ADDRESS	4949 PEARL EAST CIRCLE STE 300		STREET ADDRESS	1750 TYSONS BLVD - STE. 1300	
CITY- ST- ZIP	BOULDER, CO 80801		CITY- ST- ZIP	MCLEAN, VA 22102	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	TR - DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUGHERY, K RONALD		NAME	JOHN (JACK) M. HUGHES	
STREET ADDRESS	4949 PEARL EAST CIRCLE STE 300		STREET ADDRESS	1750 TYSONS BLVD. - STE. 1300	
CITY- ST- ZIP	BOULDER, CO 80301		CITY- ST- ZIP	MCLEAN, VA 22102	
TITLE		<input type="checkbox"/> Delete	TITLE	SEC - DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JAMES C. FONTANA	
STREET ADDRESS			STREET ADDRESS	1750 TYSONS BLVD. - STE. 1300	
CITY- ST- ZIP			CITY- ST- ZIP	MCLEAN, VA 22102	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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:  **7-20-07** (703) 918-4493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #