2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ALION - MA&D CORPORATION

Current Principal Place of Business:

1750 TYSONS BLVD., STE. 1300
MCLEAN, VA 22102 US

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 STREET
CHICAGO, IL 60616 US

New Mailing Address:

1000 BURR RIDGE PARKWAY, SUITE 202
ATTENTION: MICHAEL ABLES
BURR RIDGE, IL 60527 US

FEI Number: 84-1145568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MENDLER, STACY J
Address: 1750 TYSONS BLVD., STE. 1300
City-St-Zip: MCLEAN, VA 22102 US

Title: TD
Name: ALBER, MICHAEL J
Address: 1750 TYSONS BLVD., STE. 1300
City-St-Zip: MCLEAN, VA 22102 US

Title: S
Name: MCCABE, THOMAS E
Address: 1750 TYSONS BLVD., STE. 1300
City-St-Zip: MCLEAN, VA 22102 US

Title: REP
Name: ABLES, MICHAEL S
Address: 1000 BURR RIDGE PARKWAY, SUITE 202
City-St-Zip: BURR RIDGE, IL 60527 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. ABLES REP 04/22/2011

Electronic Signature of Signing Officer or Director Date