

1.) CORPORATION NAME:

ManTech Security Technologies Corporation

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **05421722**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12015 LEE JACKSON HWY

CITY/ST/ZIP: FAIRFAX, VA 22033-3300

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JOHN P IRELAND TITLE: VICE PRESIDENT ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033-3300</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY S BROWN TITLE: SECRETARY ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN M PHILLIPS TITLE: TREASURER ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033-3300</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHRISTINE A LANCASTER TITLE: ASST SECRETARY ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033-3300</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GEORGE J. PEDERSEN TITLE: DIRECTOR ADDRESS: 12015 LEE JACKSON HIGHWAY CITY/ST/ZIP/CO: FAIRFAX, VA 22033-3300</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LOUIS M. ADDEO TITLE: PRESIDENT ADDRESS: 12015 LEE JACKSON HWY CITY/ST/ZIP/CO: FAIRFAX, VA 22033</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN J. FITZGERALD VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDMUDN M. GLABUS VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARITA MENTUS VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY M. RYAN VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L. WILLIAM VARNER VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDE W. ETZLER VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDRA S. GRASIS VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD L. SIMIS VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL C. TILLISON VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. USTER VICE PRESIDENT 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUI MARKVA ASST TREASURER 12015 LEE JACKSON HWY FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOHN P IRELAND	JOHN P IRELAND, VICE	6/29/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.