

1.) CORPORATION NAME:

Booz Allen Hamilton Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0273997**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8283 GREENSBORO DR

CITY/ST/ZIP: MCLEAN, VA 22102

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.

NAME:	SAMUEL STRICKLAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	RALPH SHRADER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	DOUGLAS MANYA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	JOAN AMBLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	PETER CLARE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 PENNSYLVANIA AVE, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		
NAME:	IAN FUJIYAMA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 PENNSYLVANIA AVE, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		

NAME: MARK GAUMOND TITLE: DIRECTOR ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ALLAN HOLT TITLE: DIRECTOR ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ARTHUR JOHNSON TITLE: DIRECTOR ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PHILIP ODEEN TITLE: DIRECTOR ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CHARLES ROSSOTTI TITLE: DIRECTOR ADDRESS: 1001 PENNSYLVANIA AVE, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input type="checkbox"/>	OFFICER	<input checked="" 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/ DOUGLAS MANYA	DOUGLAS MANYA, SECRETARY		6/26/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		DATE	
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.				