

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
COMMON	5,000,000
COMANV	5,000,000
COMB	4,000,000

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.

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

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
NAME: TERENCE KADEN TITLE: ASST SECRETARY ADDRESS: 8283 Greensboro Drive CITY/ST/ZIP/CO: McLean, VA 22102	<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/ DOUGLAS MANYA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS MANYA, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/5/2013 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.		