

1.) CORPORATION NAME:

Booz Allen Hamilton Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
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: HORACIO ROZANSKI TITLE: EXECUTIVE VP ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102</p>	<input checked="" type="checkbox"/> OFFICER	<input 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: TERENCE KADEN TITLE: ASST SECRETARY ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARIE LERCH TITLE: ASST SECRETARY ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTINE LUCY TITLE: ASST SECRETARY ADDRESS: 8283 GREENSBORO DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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:	WILLIAM MEYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	DEBRA STORMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST 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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	ALLAN HOLT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	ARTHUR JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	PHILIP ODEEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8283 GREENSBORO DRIVE		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		
NAME:	CHARLES ROSSOTTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 PENNSYLVANIA AVE, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004		

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	10/11/2013
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.		