

1.) CORPORATION NAME:

**SCIENCE AND ENGINEERING ASSOCIATES, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0419913**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NM**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3605 OCEAN RANCH BOULEVARD  
SUITE 100

CITY/ST/ZIP: OCEANSIDE, CA 92056

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:	MICHAEL G. STOLARIK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3605 OCEAN RANCH BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 100 OCEANSIDE, CA 92056		

NAME:	DINA NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER, VP		
ADDRESS:	3605 OCEAN RANCH BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 100 OCEANSIDE, CA 92056		

NAME:	GARY SLACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3605 OCEAN RANCH BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 100 OCEANSIDE, CA 92056		

NAME:	SHEILA MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3605 OCEAN RANCH BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 100 OCEANSIDE, CA 92056		

NAME:	DUANE ANDREWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7918 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 350 MCLEAN, VA 22102		

NAME:	JENNIFER BRINKLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3605 OCEAN RANCH BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 100 OCEANSIDE, CA 92056		

NAME:	DEBORAH FOX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3605 OCEAN RANCH BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 100 OCEANSIDE, CA 92056		

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/ DEBORAH FOX	DEBORAH FOX, ASST	10/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.