

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213515887

1.) CORPORATION NAME:

**ManTech SRS Technologies, Inc.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0511842**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12015 LEE JACKSON HWY

CITY/ST/ZIP: FAIRFAX, VA 22033

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.

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
|                 |                       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | TERRY M RYAN          |   |                                   |
| TITLE:          | PRESIDENT             |   |                                   |
| ADDRESS:        | 12015 LEE JACKSON HWY |   |                                   |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033     |   |                                   |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
|                 |                       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | JOHN P IRELAND        |   |                                   |
| TITLE:          | VICE PRESIDENT        |   |                                   |
| ADDRESS:        | 12015 LEE JACKSON HWY |   |                                   |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033     |   |                                   |

|                 |                       |   |  |
|-----------------|-----------------------|---|--|
|                 |                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | JEFFREY S BROWN       |   |  |
| TITLE:          | SECRETARY             |   |  |
| ADDRESS:        | 12015 LEE JACKSON HWY |   |  |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033     |   |  |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
|                 |                       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | CHRISTINE A LANCASTER |   |                                   |
| TITLE:          | ASST SECRETARY        |   |                                   |
| ADDRESS:        | 12015 LEE JACKSON HWY |   |                                   |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033     |   |                                   |

|                 |                       |                                  |  |
|-----------------|-----------------------|----------------------------------|--|
|                 |                       | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | GEORGE J PEDERSEN     |                                  |  |
| TITLE:          | DIRECTOR              |                                  |  |
| ADDRESS:        | 12015 LEE JACKSON HWY |                                  |  |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033     |                                  |  |

|                 |                           |   |  |
|-----------------|---------------------------|---|--|
|                 |                           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | KEVIN M PHILLIPS          |   |  |
| TITLE:          | VICE PRESIDENT            |   |  |
| ADDRESS:        | 12015 LEE JACKSON HIGHWAY |   |  |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22033         |   |  |

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MICHAEL M BROGAN<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DAVID W HEARDING<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | BRADLEY J LITTLE<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | GREGORY A ROMAN<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | L WILLIAM VARNER<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DAVID A EIDSON<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CLAUDE W ETZLER<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JEFFREY J INGALLS<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | WAYNE V LE COMPTE<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | ELIZABETH MALONE<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DANIEL C MCCORRY JR.<br>VICE PRESIDENT<br>12015 LEE JACKSON HIGHWAY<br>FAIRFAX, VA 22033 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |

|  |  |                   |                          |          |
|--|--|-------------------|--------------------------|----------|
| NAME: SCOTT J SCHERBENSKE<br>TITLE: VICE PRESIDENT<br>ADDRESS: 12015 LEE JACKSON HIGHWAY<br>CITY/ST/ZIP/CO: FAIRFAX, VA 22033  | <input checked="" type="checkbox"/>                                      | OFFICER           | <input type="checkbox"/> | DIRECTOR |
| NAME: MICHAEL C TILLISON<br>TITLE: VICE PRESIDENT<br>ADDRESS: 12015 LEE JACKSON HIGHWAY<br>CITY/ST/ZIP/CO: FAIRFAX, VA 22033   | <input checked="" type="checkbox"/>                                      | OFFICER           | <input type="checkbox"/> | DIRECTOR |
| NAME: MICHAEL J USTER<br>TITLE: VICE PRESIDENT<br>ADDRESS: 12015 LEE JACKSON HIGHWAY<br>CITY/ST/ZIP/CO: FAIRFAX, VA 22033  | <input checked="" type="checkbox"/>                                      | OFFICER           | <input type="checkbox"/> | DIRECTOR |
| NAME: KAREN M WALLER<br>TITLE: VICE PRESIDENT<br>ADDRESS: 12015 LEE JACKSON HIGHWAY<br>CITY/ST/ZIP/CO: FAIRFAX, VA 22033   | <input checked="" type="checkbox"/>                                      | OFFICER           | <input type="checkbox"/> | DIRECTOR |
| NAME: HUI MARKVA<br>TITLE: ASST TREASURER<br>ADDRESS: 12015 LEE JACKSON HIGHWAY<br>CITY/ST/ZIP/CO: 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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | JOHN P IRELAND, VICE<br>PRESIDENT<br>PRINTED NAME AND CORPORATE<br>TITLE | 3/29/2013<br>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. |  |                   |                          |          |