

1.) CORPORATION NAME:

Science, Engineering, and Technology

AssociatesCorporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

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

SCC ID NO: **F1503582**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1005 NORTH GLEBE ROAD
4TH FLOOR

CITY/ST/ZIP: ARLINGTON, VA 22201

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 checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS J. BURNS	
TITLE:	PRESIDENT	
ADDRESS:	1005 N. GLEBE ROAD	
	SUITE 400	
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LISA A. BARKAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1710 SAIC DRIVE	
	MS T2-8-2	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES B. GARRISON	
TITLE:	VICE PRESIDENT	
ADDRESS:	1710 SAIC DRIVE	
	MS T-2-4-2	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KRISTEN M. MARTIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1710 SAIC DRIVE	
	MS 2-4-5	
CITY/ST/ZIP/CO:	MCLEAN, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN J. FRATAMICO, JR.	
TITLE:	CEO	
ADDRESS:	10260 CAMPUS POINT DRIVE	
	MS C6	
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121	

NAME: RAFAEL ALONSO TITLE: EVP ADDRESS: 1005 N. GLEBE ROAD SUITE 400 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES L. CANTOR TITLE: DEPUTY CEO ADDRESS: 1710 SAIC DRIVE CITY/ST/ZIP/CO: MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT DOUGLASS TITLE: EVP ADDRESS: 1005 N. GLEBE ROAD SUITE 400 CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FREDERICK R. HAZARD TITLE: SVP ADDRESS: 10140 CAMPUS POINT DRIVE MAIL STOP H-4 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CLEMENT VINCENT QUELLA, III TITLE: ASST SECRETARY ADDRESS: 10260 CAMPUS POINT DRIVE MS A-3 CITY/ST/ZIP/CO: SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: K. STUART SHEA TITLE: DIRECTOR ADDRESS: 1710 SAIC DRIVE MS T1-12-5 CITY/ST/ZIP/CO: MCLEAN, VA 22102	<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/ CLEMENT VINCENT QUELLA, III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CLEMENT VINCENT QUELLA, III, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
	2/20/2013 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.	