

1.) CORPORATION NAME:

**Science, Engineering, and Technology**

**AssociatesCorporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

DUE DATE: **3/31/2014**

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 type="checkbox"/> DIRECTOR
NAME: Clement Vincent Quella, III		
TITLE: ASST SECRETARY		
ADDRESS: 8301 Greensboro Drive		
CITY/ST/ZIP/CO: McLean, VA 22102		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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: 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: Timothy M. Boyle		
TITLE: Controller		
ADDRESS: 1005 North Glebe Road 4th Floor		
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		

NAME: Marc H. Crown TITLE: Officer ADDRESS: 8301 Greensboro 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: John J. Fratamico, Jr. TITLE: CEO ADDRESS: 10260 Campus Point Drive MS C6 CITY/ST/ZIP/CO: San Diego, CA 92121	<input checked="" type="checkbox"/> OFFICER <input checked="" 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 type="checkbox"/> DIRECTOR
NAME: David W. Robbins TITLE: PRESIDENT ADDRESS: 1005 North Glebe Road 4th Floor CITY/ST/ZIP/CO: Arlington, VA 22201	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Robert W Scott TITLE: SVP ADDRESS: 11955 Freedom Drive CITY/ST/ZIP/CO: Reston, VA 20190	<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
NAME: Lewis F. Von Thaeer TITLE: Chairman ADDRESS: 1710 SAIC Drive CITY/ST/ZIP/CO: McLean, VA 22102	<input checked="" 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
2/15/2014 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.	