

1.) CORPORATION NAME: <b>Booz &amp; Company Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060-6802</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	DUE DATE: <b>7/31/2012</b> SCC ID NO: <b>F1762600</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>50,000,000</td> </tr> <tr> <td>COMBNV</td> <td>50,000,000</td> </tr> <tr> <td>PREFER</td> <td>1,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	50,000,000	COMBNV	50,000,000	PREFER	1,000,000
CLASS	AUTHORIZED								
COMA	50,000,000								
COMBNV	50,000,000								
PREFER	1,000,000								

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 101 PARK AVENUE 18TH FLOOR CITY/ST/ZIP: NEW YORK, NY 10178
---

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: SHUMEET BANERJI TITLE: P/SR VP ADDRESS: 7 SAVOY COURT STRAND LONDON CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	--

NAME: DOUGLAS G SWENSON TITLE: T/VP/CFO ADDRESS: 4 WOOD HOLLOW ROAD CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: Gerald S. Adolph TITLE: S/VP ADDRESS: 101 PARK AVENUE 18TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10178	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: CESARE MAINARDI TITLE: SR VP ADDRESS: 127 PUBLIC SQUARE KEY TOWER STE 5300 CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: MICHAEL LUCKEWICZ TITLE: ASST TREASURER ADDRESS: 4 WOOD HOLLOW ROAD CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054	<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/ MICHAEL LUCKEWICZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL LUCKEWICZ, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	6/28/2012 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.