2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State DOCUMENT #P14253 04-30-2007 90410 028 ***150 00 1. Entity Name **GTSI CORP** Annon .. Principal Place of Business Mailing Address 3901 STONECOFT BLVD 3901 STONECOFT BLVD CHANTILLY, VA 20151 CHANTILLY, VA 20151 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3901 STONGCROFT 3901 STONECROFT BLVD Suite, Apt. #, etc 04032007 CR2E034 (12/06) Chg-P Applied For City & State > City & State 4. FEI Number CHANTILLY ٧A VΔ 54-1248422 Not Applicable CHANTILLY Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 2015 20151 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 IIII F CEO □ Delete TITLE Change Addition LETO, JAMES -NAME NAME STREET ADDRESS 3901 STONECROFT BV STREET ADDRESS CITY-ST-7IP CHANTILLY, VA 20151 CITY-ST-ZIP TITLE 🗷 Delete TITEF CF-O ↑ Change ☐ Addition MUTRYN, THOMAS A NAME JOS RAGAN 3901 STONECRAFT BLVD. STREET ADDRESS STREET ADDRESS 3901 STONECROPT BLVD CITY-ST-ZIP CHANTILLY, VA 20151 CITY-ST-7IP CHANTILLY VA ZOIS TITLE Delete TITLE ☐ Change ■ Addition DELEON, CHARLES NAME NAME STREET ADDRESS 3901 STONECROFT BLVD. STREET ADDRESS CITY-ST-ZIP CHANTILLY, VA 20151 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change M Addition PEKKY FABI NAME NAME STREET ADDRESS STREET ADDRESS BOOI STONECROFT BLVD CITY-ST-ZIP CITY-ST-ZIP CHANTILLY VA 7015 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with 3) other like empowered. PERKY FAISI SIGNATURE: SIGNATURE INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED