2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P14253

Entity Name: GTSI CORP.

FILED Nov 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3901 STONECOFT BLVD 2553 DULLES VIEW DRIVE, SUITE 100 CHANTILLY, VA 20151

HERNDON, VA 20171

Current Mailing Address: New Mailing Address:

3901 STONECOFT BLVD 2553 DULLES VIEW DRIVE, SUITE 100

CHANTILLY, VA 20151 US HERNDON, VA 20171

FEI Number: 54-1248422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: CFO (X) Change () Addition

Name: LETO, JAMES Name: LETO, JAMES 3901 STONECROFT BV 2553 DULLES VIEW DRIVE, SUITE 100 Address: Address:

City-St-Zip: CHANTILLY, VA 20151 City-St-Zip: HERNDON, VA 20171

CFO Title: CFO Title: () Delete (X) Change () Addition

RAGAN, JOE Name: Name: RAGAN, JOE

3901 STONECRAFT BLVD. 2553 DULLES VIEW DRIVE, SUITE 100 Address: Address:

CHANTILLY, VA 20151 City-St-Zip: City-St-Zip: HERNDON, VA 20171

Title: SEC () Delete (X) Change () Addition Title: SEC DELEON, CHARLES DELEON, CHARLES Name: Name:

3901 STONECROFT BLVD. 2553 DULLES VIEW DRIVE, SUITE 100 Address: Address:

CHANTILLY, VA 20151 City-St-Zip: HERNDON, VA 20171 City-St-Zip:

Title: VΡ () Delete Title: VΡ (X) Change () Addition

FABI, PERRY FABI, PERRY Name: Name:

Address: 3901 STONE CROFT BLVD Address: 2553 DULLES VIEW DRIVE, SUITE 100

City-St-Zip: City-St-Zip: CHANTILLY, VA 20151 HERNDON, VA 20171

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DELEON SEC 11/10/2008