## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P14253

Entity Name: GTSI CORP.

City-St-Zip:

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
2553 DULI HERNDOI	LES VIEW DR N, VA 20171	IVE, SUITE 100			
Current Mailing Address:			New Mailing Address:		
	LES VIEW DR N, VA 20171	IVE, SUITE 100			
FEI Number	: 54-1248422	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and	Address	of New Registered Agent:
1201 HAY: TALLAHA: The above	S STREET SSEE, FL 323		purpose of changing i	its register	ed office or registered agent, or both,
SIGNATUI		nic Signature of Registered Ag	ent		 Date
Election Ca		g Trust Fund Contribution ( ).			Butte
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANG	SES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	LETO, JAMES	) Delete VIEW DRIVE, SUITE 100 20171	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	RAGAN, JOE	) Delete VIEW DRIVE, SUITE 100 20171	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition .D, PETER LES VIEW DRIVE, SUITE 100 N, VA 20171
Title: Name: Address: City-St-Zip:	DELEON, CHA	VIEW DRIVE, SUITE 100	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	FABI, PERRY	) Delete VIEW DRIVE, SUITE 100 20171	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition NID LES VIEW DRIVE, SUITE 100 I, VA 20171
Title: Name: Address:	(	) Delete	Title: Name: Address:	PRES ( ) Change (X) Addition FRIEDLANDER, SCOTT 2553 DULLES VIEW DRIVE, SUITE 100	

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.

City-St-Zip: HERNDON, VA 20171

SIGNATURE: PETER WHITFIELD CFO 03/18/2009