

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000003152	
1. Entity Name OAO TECHNOLOGY SOLUTIONS FEDERAL SYSTEMS, INC.	
Principal Place of Business 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770	Mailing Address 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770



**DO NOT WRITE IN THIS SPACE**

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3842019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO LEADER, CHARLES A 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO FOX, J. JEFFREY 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FOX, J. JEFFREY 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RATTNER, DAVID L 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAZELL, CHRISTINE M 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000367394  
05/17/05-80002-002 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with or other like empowered

SIGNATURE: \_\_\_\_\_ V.P. 5/10/05 3014862313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #