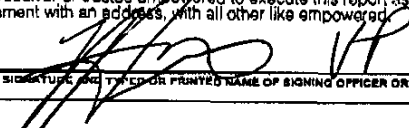


FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90184 033 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-3842019		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO LEADER, CHARLES A ☒ Delete 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT and DIRECTOR T.G. H. KREKEL ☐ Change ☒ Addition 7500 GREENWAY CENTER DR GREENBELT, MO 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FOX, J. JEFFREY ☐ Delete 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOX, J. JEFFREY ☐ Delete 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATTNER, DAVID L ☐ Delete 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZELL, CHRISTINE M ☐ Delete 7500 GREENWAY CENTER DRIVE, 16TH FLOOR GREENBELT, MO 20770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 all other like empowered.			
SIGNATURE: 		4/20/06 301 4860400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	