

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 003 ***150.00

DOCUMENT # F04000003152

1. Entity Name
OAO TECHNOLOGY SOLUTIONS FEDERAL SYSTEMS,
INC.



400000012

Principal Place of Business
7500 GREENWAY CENTER DRIVE, 16TH FLOOR
GREENBELT, MO 20770

Mailing Address
7500 GREENWAY CENTER DRIVE, 16TH FLOOR
GREENBELT, MO 20770



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3842019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 FUCHS, SIDNEY E 7500 GREENWAY CENTER DR GREENBELT, MD 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO REID, HUBERT 7500 GREENWAY CENTER DR GREENBELT, MO 20770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREKEL, TIG H 7500 GREENWAY CENTER DR GREENBELT, MD 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Hubert M. Reid Hubert M. Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/08

Daytime Phone #

301-486-2380