2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002627

Entity Name: MANTECH GRAY HAWK SYSTEMS, INC.

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	JACKSON H /A 22033330					
Current Mailing Address:			New Maili	New Mailing Address:		
12015 LEE JACKSON HWY FAIRFAX, VA 220333300						
FEI Number:	54-1771202	FEI Number Applied For() FEI	Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	d Address of I	New Registered Agent:	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
The above in the State		submits this statement for the purpos	se of changing	its registered o	office or registered agent, or both,	
SIGNATURE:						
	Electro	nic Signature of Registered Agent			Date	
Election Cam	paign Financir	ng Trust Fund Contribution ().				
OFFICERS	AND DIREC	CTORS:	ADDITION	NS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (COLEMAN, RO 12015 LEE JA FAIRFAX, VA	CKSON HWY	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	EVCO (KELLY, JAME 12015 LEE JA FAIRFAX, VA	CKSON HWY	Title: Name: Address: City-St-Zip:	VP (X IRELAND, JOH 12015 LEE JA FAIRFAX, VA	CKSON HWY	
Title: Name: Address: City-St-Zip:	SVP (FITZGERALD, 12015 LEE JA FAIRFAX, VA	CKSON HWY	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD (PHILLIPS, KE' 12015 LEE JA FAIRFAX, VA	CKSON HWY	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	S (FREE, JO-AN 12015 LEE JA FAIRFAX, VA	CKSON HWY	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	D (PEDERSEN, C 12015 LEE JA FAIRFAX, VA	CKSON HWY	Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P. IRELAND VP 04/17/2007