2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001837

1. Entity Name

OAO TECHNOLOGY SOLUTIONS, INC.



Principal Place of Business

7500 GREENWAY CENTER DR

16TH FLOOR

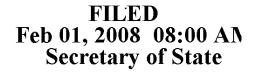
GREENBELT, MD 20770-0750

Mailing Address

7500 GREENWAY CENTER DR

16TH FLOOR

GREENBELT, MD 20770-0750





DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1973990

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 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

10.

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

OFFICERS AND DIRECTORS

(NOTE: Registered Agent alignature required when reinstating

DATE

FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE HAZELL, CHRISTINE STREET ADDRESS 7500 GREENWAY CENTER DR GREENBELT, MD 20770 CITY-ST-ZIP TITLE NAME LEHMAN, JOHN 4500 PARK AVE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 TITLE RATTNER, DAVID NAME 7500 GREENWAY CTR DR 16TH FL STREET ADDRESS CITY-ST-ZIP GREENBELT, MD 20770 REID HUBERT NAME STREET ADDRESS 7500 GREENWAY CENTER DRIVE CITY-ST-ZIP GREENBELT, MD 20770 FUCHS, SIDNEY E 7500 GREENWAY CENTER DRIVE STREET ADDRESS CITY-ST-ZIP GREENBELT, MD 20770 TITLE

DO NOT WRITE

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

STREET ADDRESS CITY-ST-ZIP

Hubert M. Kend

Hubert M. Reid

15/08

301-486-2380

Daytime Pho