

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

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



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hubert M. Reid

Date

1/15/08

Daytime Phone #

301-486-2380