P14253

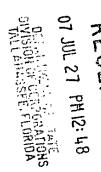
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ACCOUNT NO. : 072100000032 REFERENCE : 026886 7217713 AUTHORIZATION , COST LIMIT :// ORDER DATE: July 25, 2007 ORDER TIME : 10:35 AM ORDER NO. : 026886-030 CUSTOMER NO: 7217713 CHANGE OF AGENT NAME: GTSI CORP. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX ____ PLAIN STAMPED COPY CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of the	corporation: GTSI CORP			
2. The principal of Chantilly, V	fice address: 3901 Stonecroft Bly	⁄d		
	lress (if different):			
4. Date of incorpor	ration/qualification: 04/30/1987	Document number: P142.	53	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:				
_	CT Corporation System		FIL 2007 JUL 27 SECRETAR STALLAHASS	
1	200 South Pine Island Rd			
	Plantation, FL 33324		FILED JUL 27 PM 4: 44 CRETARY OF STATE LAHASSEE, FLORIG	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company	<u>.</u>	<u>_</u>	
<u>1</u>	201 Hays Street			
т	(P.O. Box NOT acceptable) Tallahassee, FL 32301			
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.				
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.				
Mar		Maureen Cullen, Attorne	ey In Fact	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company				
By:	Com	07/19/2007		
U	If of an antity:	(Date)		
If signing on behalf of an entity: Sylvia Queppet, Asst. VP				
(Typed or Printed Name)				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *