

**RECORDATION FORM COVER SHEET
 TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Government Technology Services, Inc.

- Individual(s) Association
 General Partnership Limited Partnership
 Corporation- State: Delaware
 Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: GTSI Corp.

Internal

Address: Legal Department

Street Address: 3901 Stonecroft Blvd.

City: Chantilly

State: VA

Country: USA Zip: 20151

- Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship Delaware Corporation
 Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from assignment)

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) May 22, 2000

- Assignment Merger
 Security Agreement Change of Name
 Other _____

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)
 73655313

B. Trademark Registration No.(s)
 1511242

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

GTSI
 Filing Date-April 15, 1987, Registration Date-November 1, 1988

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: GTSI Corp.

Internal Address: Legal Department

Street Address: 3901 Stonecroft Blvd.

City: Chantilly

State: VA Zip: 20151

Phone Number: 703-502-2911

Fax Number: 703-222-5217

Email Address: Allison.Schnattler@gtsi.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00

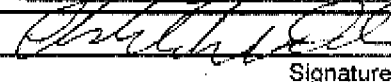
- Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 1002
 Expiration Date March 2010

b. Deposit Account Number _____
 Authorized User Name _____

9. Signature:


 Signature

6/8/2007
 Date

Charles DeLeon

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
 Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

OP \$40.00 1511242

NO

DOCUMENT

REQUIRED

(CHANGE OF NAME)