

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90063 005 \*\*\*158.75

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<b>DOCUMENT # F93000004603</b>					
1. Entity Name TOLK, INC.					
Principal Place of Business 8401 ARLINGTON BLVD FAIRFAX, VA 22031			Mailing Address 8401 ARLINGTON BLVD FAIRFAX, VA 22031		
2. Principal Place of Business <b>No Change</b>		3. Mailing Address <b>No Change</b>		01072004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-1257342	
Applied For		Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		Zip	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			No Change		
Street Address (P.O. Box Number is Not Acceptable)					
City			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete	TITLE	Director & EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEWBERRY, SIDNEY	NAME	John P. Fowler II		
STREET ADDRESS	8401 ARLINGTON BLVD	STREET ADDRESS	8401 Arlington Blvd.		
CITY-ST-ZIP	FAIRFAX, VA 22031	CITY-ST-ZIP	Fairfax, VA 22031		
TITLE	S <input type="checkbox"/> Delete	TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMAS, CRAIG N	NAME	Ronald L. Ewing		
STREET ADDRESS	8401 ARLINGTON BLVD	STREET ADDRESS	8401 Arlington Blvd.		
CITY-ST-ZIP	FAIRFAX, VA 22031	CITY-ST-ZIP	Fairfax, VA 22031		
TITLE	PD <input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMES, RUSSELL	NAME	Mark H. Reiner		
STREET ADDRESS	8401 ARLINGTON BLVD	STREET ADDRESS	8401 Arlington Blvd.		
CITY-ST-ZIP	FAIRFAX, VA 22031	CITY-ST-ZIP	Fairfax, VA 22031		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOLAN, PATRICK E	NAME			
STREET ADDRESS	8401 ARLINGTON BLVD	STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX, VA	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RITNER, RICHARD M	NAME			
STREET ADDRESS	8401 ARLINGTON BLVD	STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX, VA	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEWBERRY, BARRYK	NAME			
STREET ADDRESS	8401 ARLINGTON BLVD	STREET ADDRESS			
CITY-ST-ZIP	FAIRFAX, VA	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		John P. Fowler II		01/07/04 703.849.0260	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	