


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90051 010 ***150.00

DOCUMENT # F93000004603

1. Entity Name
TOLK, INC.



40011717



01142008 Chg-P CR2E034 (12/06)

| | | | |
|---|---------|---|--------------------------------|
| Principal Place of Business 8401 ARLINGTON BLVD FAIRFAX, VA 22031 | | Mailing Address 8401 ARLINGTON BLVD FAIRFAX, VA 22031 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 54-1257342 | | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | Name | |
| | | 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 _____ DATE _____
Signature, typed or printed name of registered agent; and date if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 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 NAME DEWBERRY, SIDNEY STREET ADDRESS 8401 ARLINGTON BLVD CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Delete | TITLE DIRECTOR/EXECUTIVE VICE PRESIDENT NAME RONALD L. EWING STREET ADDRESS 8401 ARLINGTON BLVD. CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE S NAME THOMAS, CRAIG N STREET ADDRESS 8401 ARLINGTON BLVD CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Delete | TITLE VICE PRESIDENT NAME RAYMOND S. HOLDENER STREET ADDRESS 8401 ARLINGTON BLVD. CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE PD NAME JAMES, RUSSELL STREET ADDRESS 8401 ARLINGTON BLVD CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE V NAME REINER, MARK STREET ADDRESS 8401 ARLINGTON CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Delete | TITLE TREASURER NAME MARK H. REINER STREET ADDRESS 8401 ARLINGTON BLVD. CITY-ST-ZIP FAIRFAX, VA 22031 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE AS NAME RITNER, RICHARD M STREET ADDRESS 8401 ARLINGTON BLVD CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Delete | TITLE VICE PRESIDENT NAME RICHARD M. RITNER STREET ADDRESS 8401 ARLINGTON BLVD. CITY-ST-ZIP FAIRFAX, VA 22031 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME DEWBERRY, BARRY K STREET ADDRESS 8401 ARLINGTON BLVD CITY-ST-ZIP FAIRFAX, VA 22031 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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  Ronald L. Ewing, Mgr. January 14, 2008 703.849.0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #