

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004603

FILED
Apr 27, 2012
Secretary of State

Entity Name: TOLK, INC.

Current Principal Place of Business:

8401 ARLINGTON BLVD
FAIRFAX, VA 22031

New Principal Place of Business:

8401 ARLINGTON BOULEVARD
FAIRFAX, VA 22031

Current Mailing Address:

8401 ARLINGTON BLVD
FAIRFAX, VA 22031

New Mailing Address:

8401 ARLINGTON BOULEVARD
FAIRFAX, VA 22031

FEI Number: 54-1257342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JAMES, RUSSELL R
Address: 8401 ARLINGTON BOULEVARD
City-St-Zip: FAIRFAX, VA 22031

Title: S
Name: THOMAS, CRAIG N
Address: 8401 ARLINGTON BOULEVARD
City-St-Zip: FAIRFAX, VA 22031

Title: T
Name: REINER, MARK H
Address: 8401 ARLINGTON BOULEVARD
City-St-Zip: FAIRFAX, VA 22031

Title: DEVP
Name: STONE, DONALD E JR
Address: 8401 ARLINGTON BOULEVARD
City-St-Zip: FAIRFAX, VA 22031

Title: D
Name: DEWBERRY, SIDNEY O
Address: 8401 ARLINGTON BOULEVARD
City-St-Zip: FAIRFAX, VA 22031

Title: D
Name: DEWBERRY, BARRY K
Address: 8401 ARLINGTON BOULEVARD
City-St-Zip: FAIRFAX, VA 22031

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD E. STONE JR.

DEVP

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date