

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000004603 (7)
1. Corporation Name
TOLK, INC.

Principal Place of Business 8401 ARLINGTON BLVD FAIRFAX VA 22031	Mailing Address 8401 ARLINGTON BLVD FAIRFAX VA 22031-4610
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1993	3a. Date of Last Report 04/16/1996
21	22	26	27	4. FEI Number 54-1257342	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> DELETE
NAME	DEWBERRY, SIDNEY	
STREET ADDRESS	4015 38TH PLACE N.	
CITY-ST-ZIP	ARLINGTON VA	
TITLE	PVC	<input type="checkbox"/> DELETE
NAME	SKILES, ALLEN	
STREET ADDRESS	2230 GEORGE MARSHALL DR #511	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JAMES, RUSSELL	
STREET ADDRESS	2702 CHANBOURNE WAY	
CITY-ST-ZIP	VIENNA VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEWBERRY, SIDNEY O.	
1.3 STREET ADDRESS	8401 ARLINGTON BOULEVARD	
1.4 CITY-ST-ZIP	FAIRFAX VA 22031	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SKILES, ALLEN C.	
2.3 STREET ADDRESS	8401 ARLINGTON BOULEVARD	
2.4 CITY-ST-ZIP	FAIRFAX VA 22031	
3.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES, RUSSELL	
3.3 STREET ADDRESS	8401 ARLINGTON BOULEVARD	
3.4 CITY-ST-ZIP	FAIRFAX VA 22031	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NOLAN, PATRICK E.	
4.3 STREET ADDRESS	8401 ARLINGTON BOULEVARD	
4.4 CITY-ST-ZIP	FAIRFAX VA 22031	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RITNER, RICHARD M.	
5.3 STREET ADDRESS	8401 ARLINGTON BOULEVARD	
5.4 CITY-ST-ZIP	FAIRFAX VA 22031	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARRY K. DEWBERRY	
6.3 STREET ADDRESS	8401 ARLINGTON BOULEVARD	
6.4 CITY-ST-ZIP	FAIRFAX VA 22031	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(7), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. **(703) 849-0100**

SIGNATURE: *Sidney O. Dewberry* **SIDNEY O. DEWBERRY, CHAIRMAN/SECRETARY 2/3/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)