

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90002 034 ***550.00

DOCUMENT # F93000004603

1. Corporation Name
TOLK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8401 ARLINGTON BLVD FAIRFAX VA 22031**
 Mailing Address: **8401 ARLINGTON BLVD FAIRFAX VA 22031**

3. Date Incorporated or Qualified: **10/12/1993**

4. FEI Number: **54-1257342** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business: **8401 ARLINGTON BLVD FAIRFAX VA 22031**
 2a. Mailing Address: **8401 ARLINGTON BLVD FAIRFAX VA 22031**

23. City & State: **FAIRFAX VA**

24. Zip: **22031** 25. Country: **USA**

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	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SKILES, ALLEN	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JAMES, RUSSELL	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NOLAN, PATRICK E	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RITNER, RICHARD M	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEWBERRY, BARRYK	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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.

SIGNATURE: *Sidney Dewberry* **7-6-99** **703-849-0100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)