

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90075 027 ***150.00

DOCUMENT # F93000004603

1. Entity Name

TOLK, INC.

Principal Place of Business	Mailing Address
ARLINGTON BLVD VA 22031	8401 ARLINGTON BLVD FAIRFAX VA 22031-4619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
54-1257342	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russell R. James
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00
 Date

703-698-9440
 Daytime Phone #

CR2E034 (9/99)