

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90091 034 \*\*\*158.75

05/02/02 AT

**DOCUMENT # F93000004603**  
 1. Entity Name  
**TOLK, INC.**

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



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      Zip      Country

4. FEI Number **54-1257342**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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, 2002 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	<b>CS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEWBERRY, SIDNEY</b>	
STREET ADDRESS	<b>8401 ARLINGTON BLVD</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SKILES, ALLEN</b>	
STREET ADDRESS	<b>8401 ARLINGTON BLVD</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JAMES, RUSSELL</b>	
STREET ADDRESS	<b>8401 ARLINGTON BLVD</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NOLAN, PATRICK E</b>	
STREET ADDRESS	<b>8401 ARLINGTON BLVD</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>RITNER, RICHARD M</b>	
STREET ADDRESS	<b>8401 ARLINGTON BLVD</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEWBERRY, BARRYK</b>	
STREET ADDRESS	<b>8401 ARLINGTON BLVD</b>	
CITY-ST-ZIP	<b>FAIRFAX VA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dewberry, Sidney</b>	
STREET ADDRESS	<b>8401 Arlington Blvd</b>	
CITY-ST-ZIP	<b>Fairfax, VA 22031</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James, Russell</b>	
STREET ADDRESS	<b>8401 Arlington Blvd</b>	
CITY-ST-ZIP	<b>Fairfax, VA 22031</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas, Craig N</b>	
STREET ADDRESS	<b>8401 Arlington Blvd</b>	
CITY-ST-ZIP	<b>Fairfax, VA 22031</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Reiner, Mark H</b>	
STREET ADDRESS	<b>8401 Arlington Blvd</b>	
CITY-ST-ZIP	<b>Fairfax, VA 22031</b>	
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:** *[Signature]* **Russell R. James, President**      **4-15-02**      **703-698-9440**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

Attachment

358107  
# F93000004683

**2002 UNIFORM BUSINESS REPORT cont.**

**PLEASE DELETE:**

Asst. Secretary  
Kenneth Derek Longeway  
4378 Spring Valley Road  
Dallas, TX 75244

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