

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90377 019 ***150.00

DOCUMENT # F93000004603

1. Entity Name
TOLK, INC.



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

Mailing Address
**8401 ARLINGTON BLVD
FAIRFAX VA 22031**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1257342**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	DEWBERRY, SIDNEY	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, CRAIG N	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, RUSSELL	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA 22031	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOLAN, PATRICK E	
STREET ADDRESS	8401 ARLINGTON BLVD	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	AS	<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	FAIRFX VA	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Fowler II	
STREET ADDRESS	8401 Arlington Blvd.	
CITY-ST-ZIP	Fairfax, VA 22031	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark H. Reiner	
STREET ADDRESS	8401 Arlington Blvd.	
CITY-ST-ZIP	Fairfax, VA 22031	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

John P. Fowler II, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)