


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90051 010 \*\*\*150.00

<b>DOCUMENT # F93000004603</b> 1. Entity Name TOLK, INC.	
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40011717



01142008 Chg-P CR2E034 (12/06)

Principal Place of Business 8401 ARLINGTON BLVD FAIRFAX, VA 22031		Mailing Address 8401 ARLINGTON BLVD FAIRFAX, VA 22031	
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

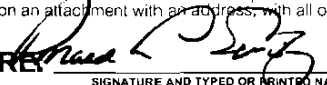
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	C DEWBERRY, SIDNEY 8401 ARLINGTON BLVD FAIRFAX, VA 22031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/EXECUTIVE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RONALD L. EWING 8401 ARLINGTON BLVD. FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, CRAIG N 8401 ARLINGTON BLVD FAIRFAX, VA 22031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAYMOND S. HOLDENER 8401 ARLINGTON BLVD. FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, RUSSELL 8401 ARLINGTON BLVD FAIRFAX, VA 22031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REINER, MARK 8401 ARLINGTON BLVD FAIRFAX, VA 22031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARK H. REINER 8401 ARLINGTON BLVD. FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RITNER, RICHARD M 8401 ARLINGTON BLVD FAIRFAX, VA 22031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD M. RITNER 8401 ARLINGTON BLVD. FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWBERRY, BARRY K 8401 ARLINGTON BLVD FAIRFAX, VA 22031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  Ronald L. Ewing, Mgr. January 14, 2008 703.849.0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #