2004 FOR PROFIT CORPORATION

Aug 05, 2004 08:00 AM Secretary of State . . . ANNUAL REPORT DOCUMENT # F94000003622 ORBITAL ENGINEERING, INC. Principal Place of Business Mailing Address 1344 5TH AVENUE 1344 5TH AVENUE PITTSBURGH, PA 15219 PITTSBURGH, PA 15219 08042004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 25-1199560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent LEWIS, ROBERT J DO NOT WRITE 5393 GULF OF MEXICO DRIVE LONG BOAT KEY, FL 34228 IN THIS SPACE 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. Signature, typod or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE HENRICH, DONALD H U00000169446 03/05/04-80003-012 550.00 1344 5TH AVENUE STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15219 TITLE LEWIS, ROBERT J NAME STREET ADDRESS 5393 GULF OF MEXICO DRIVE CITY-ST-ZIP LONG BOAT KEY, FL TOTLE NAME LEWIS, ASHLEY STREET ADDRESS 1344 5TH AVENUE DO NOT WRITE CITY-ST-ZIP PITTSBURGH, PA 15219 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filting 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 path; 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED