

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

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90012 035 ***550.00

DOCUMENT # F94000003622 1. Entity Name ORBITAL ENGINEERING, INC.				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 1344 5th Avenue Suite, Apt. #, etc. 1344 FIFTH AVENUE City & State PITTSBURGH PA		3. Mailing Address 1344 5th Avenue Suite, Apt. #, etc. Pittsburgh City & State Pennsylvania			
Zip 15219		Country Allegheny			
4. FEI Number 25-1199560		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				DO NOT WRITE IN THIS SPACE	
DO NOT WRITE IN THIS SPACE					
7. Name and Address of Current Registered Agent Name Lewis, Robert J Street Address (P.O. Box Number is Not Acceptable) 5393 Gulf of Mexico Drive City Long Boat Key FL Zip Code 34228					
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 _____ Signature, typed or printed name of registered agent and title if applicable.					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	V	TITLE		TITLE	
NAME	Henrich, Donald H	NAME		NAME	
STREET ADDRESS	1344 5th Avenue	STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	Pittsburgh, PA 15219	CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	VD	TITLE		TITLE	
NAME	Lewis, Robert J	NAME		NAME	
STREET ADDRESS	5393 Gulf of Mexico Drive	STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	Long Boat Key FL 34228	CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S	TITLE		TITLE	
NAME	Lewis, Ashley	NAME		NAME	
STREET ADDRESS	1344 5th Avenue	STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	Pittsburgh, PA 15219	CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE					
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>R. J. Lewis</i> 7/17/03 (412) 261-9100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					