


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10868

1. Corporation Name

THE ORKAND CORPORATION

Principal Place of Business

7799 LEESBURG PIKE
SUITE 700 N
FALLS CHURCH VI 22043
US

Mailing Address

7799 LEESBURG PIKE
SUITE 700 N
FALLS CHURCH VI 22043
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-0900334	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORKAND, DONALD S	1.2 NAME	
STREET ADDRESS	7799 LEESBURG PIKE, SUITE 700 N	1.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VI 22043	1.4 CITY-ST-ZIP	
TITLE	VCOD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KYLE, THOMAS N	2.2 NAME	
STREET ADDRESS	7799 LEESBURG PIKE, SUITE 700 N	2.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VI	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, DAVID L	3.2 NAME	
STREET ADDRESS	7799 LEESBURG PIKE, SUITE 700 N	3.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VI	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRTH, E.M.	4.2 NAME	
STREET ADDRESS	7799 LEESBURG PIKE, SUITE 700 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VI	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, THOMAS R	5.2 NAME	Vice President + CFO
STREET ADDRESS	7799 LEESBURG PIKE, SUITE 700 N	5.3 STREET ADDRESS	Richard Casciano
CITY-ST-ZIP	FALLS CHURCH VI	5.4 CITY-ST-ZIP	7799 Leesburg Pike, Suite 700 N
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, D.G.	6.2 NAME	
STREET ADDRESS	7799 LEESBURG PIKE, SUITE 700N	6.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VI	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard R. Casciano **RICHARD R. CASCIANO** 4/26/99 703-610-4537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)