

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10868

1. Entity Name

THE ORKAND CORPORATION

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90053 014 ***150.00

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 22043-2413 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VA		City & State VA	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0900334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORKAND, DONALD S 7799 LEESBURG PIKE, SUITE 700 N FALLS CHURCH VI 22043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOD KYLE, THOMAS N 7799 LEESBURG PIKE, SUITE 700 N FALLS CHURCH VI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAIN, DAVID L 7799 LEESBURG PIKE, SUITE 700 N FALLS CHURCH VI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIRTH, E.M. 7799 LEESBURG PIKE, SUITE 700 N FALLS CHURCH VI <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CASCIONO, RICHARD 7799 LEESBURG PIKE, SUITE 700 N FALLS CHURCH VI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CASCIONO, RICHARD VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/S Vecchio, Joseph 7799 LEESBURG PIKE, SUITE 700 N Falls Church, VA

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/19/00

703-610-4522

CR2E034 (9/99)