2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004
Secretary of State

DOCUMENT# P10868

Entity Name: THE ORKAND CORPORATION

Current Principal Place of Business:

7799 LEESBURG PIKE
SUITE 700 N
FALLS CHURCH, VA 22043 US

New Principal Place of Business:

Current Mailing Address:

7799 LEESBURG PIKE
SUITE 700 N
FALLS CHURCH, VA 22043 US

New Mailing Address:

FEI Number: 52-0900334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORKAND, DONALD S
Address: 7799 LEESBURG PIKE, SUITE 700 N
City-St-Zip: FALLS CHURCH, VA 22043

Title: VGC ( ) Delete
Name: MORSE, ARNOLD N
Address: 7799 LEESBURG PIKE, SUITE 700 N
City-St-Zip: FALLS CHURCH, VA 22043

Title: V ( ) Delete
Name: CAIN, DAVID L
Address: 7799 LEESBURG PIKE, SUITE 700 N
City-St-Zip: FALLS CHURCH, VA 22043

Title: EV ( ) Delete
Name: LA ROCHE, CALVIN C
Address: 7799 LEESBURG PIKE, SUITE 700 N
City-St-Zip: FALLS CHURCH, VA 22043

Title: VCFO ( ) Delete
Name: CASCIANO, RICHARD
Address: 7799 LEESBURG PIKE, SUITE 700 N
City-St-Zip: FALLS CHURCH, VA

Title: V ( ) Delete
Name: GARRISON, DANIEL
Address: 7799 LEESBURG PIKE SUITE 700N
City-St-Zip: FALLS CHURCH, VA 22043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DONALD S ORKAND PD 05/25/2004

Electronic Signature of Signing Officer or Director Date