2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39318

Entity Name: ORBITAL SCIENCES CORPORATION

FILED Aug 05, 2004 Secretary of State

Current P	Principal Place	e of Business:	New Prince	New Principal Place of Business:	
21839 ATI	LANTIC BOUL				
Current Mailing Address:			New Mail	New Mailing Address:	
	LANTIC BOUL VA 20166 l	EVARD JS			
FEI Number	r: 06-1209561	FEI Number Applied For()	FEI Number Not App	Dicable () Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and	d Address of New Registered Agent:	
1201 HAY	ATION SERVI S STREET SSEE, FL 323	CE COMPANY 01 US			
	e named entity e of Florida.	submits this statement for the	e purpose of changing	its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	93(2)(b), F.S., the corporation did g Trust Fund Contribution().	·		
OFFICER	S AND DIREC	CTORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	COBO (THOMPSON, E 21839 ATLENT DULLES, VA 2	TICA BLVD	Title: Name: Address: City-St-Zip:	CCEO (X) Change () Addition THOMPSON, DAVID W., 21839 ATLENTICA BLVD DULLES, VA 20166	
Title: Name: Address: City-St-Zip:	VCPC (THOMPSON, J 21839 ATLANT DULLES, VA 2	TC BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WEBSTER, SC 21839 ATLANT DULLES, VA 2	TC BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPC (THOMPSON, H 21839 ATLANT DULLES, VA 2	TC BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VCFO (PIERCE, GARI 21839 ATLANT DULLES, VA 2	TC BLVD	Title: Name: Address: City-St-Zip:	VCCF (X) Change () Addition PIERCE, GARRETT E 21839 ATLANTIC BLVD DULLES, VA 20166	
Title: Name: Address: City-St-Zip:	EVPG (GRABE, RONA 21839 ATLANT	TC BLVD	Title: Name: Address:	() Change () Addition	

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: DAVID W. THOMPSON CCEO 08/05/2004