


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P39318</b><br>1. Entity Name<br><b>ORBITAL SCIENCES CORPORATION</b> |  |
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| Principal Place of Business<br><b>21839 ATLANTIC BOULEVARD<br/>DULLES, VA 20166 US</b> | Mailing Address<br><b>21839 ATLANTIC BOULEVARD<br/>DULLES, VA 20166 US</b> |
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03142005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br><b>06-1209561</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

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| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b> |
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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. I am familiar with, and accept the obligations of registered agent. |  |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and DSE if applicable.</small>   | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>1000000283930</b><br><b>04/01/05-80048-021 150.00</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CCEO<br/>THOMPSON, DAVID W.<br/>21839 ATLANTICA BLVD<br/>DULLES, VA 20166</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCPC<br/>THOMPSON, JAMES R.<br/>21839 ATLANTIC BLVD<br/>DULLES, VA 20166</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WEBSTER, SCOTT L<br/>21839 ATLANTIC BLVD<br/>DULLES, VA 20166</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPC<br/>THOMPSON, HOLLIS M<br/>21839 ATLANTIC BLVD<br/>DULLES, VA 20166</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCCF<br/>PIERCE, GARRETT E<br/>21839 ATLANTIC BLVD<br/>DULLES, VA 20166</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>EVPG<br/>GRABE, RONALD J<br/>21839 ATLANTIC BLVD<br/>DULLES, VA 20166</b>     |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |
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|---|------|-----------------|
| <b>SIGNATURE:</b> <u>Susan Herlick</u> <b>Susan Herlick</b> <b>March 15, 2005</b> <b>703-406-5002</b> | Date | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     |      |                 |