

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P39318

1. Entity Name  
ORBITAL SCIENCES CORPORATION



Principal Place of Business  
21839 ATLANTIC BOULEVARD  
DULLES, VA 20166 US

Mailing Address  
21839 ATLANTIC BOULEVARD  
DULLES, VA 20166 US



07062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1209561

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CCEO  
THOMPSON, DAVID W.  
21839 ATLENTICA BLVD  
DULLES, VA 20166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCP  
THOMPSON, JAMES R.  
21839 ATLANTIC BLVD  
DULLES, VA 20166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WEBSTER, SCOTT L  
21839 ATLANTIC BLVD  
DULLES, VA 20166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPC  
THOMPSON, HOLLIS M  
21839 ATLANTIC BLVD  
DULLES, VA 20166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCCF  
PIERCE, GARRETT E  
21839 ATLANTIC BLVD  
DULLES, VA 20166

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
EVP  
GRABE, RONALD J  
21839 ATLANTIC BLVD  
DULLES, VA 20166

000000771176  
08/02/07-80001-007 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

*Ausaw Herick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/07 (703) 406-5002

Date

Daytime Phone #