2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# P39318

Entity Name: ORBITAL SCIENCES CORPORATION

Current Principal Place of Business:

21839 ATLANTIC BOULEVARD
DULLES, VA 20166 US

New Principal Place of Business:

Current Mailing Address:

21839 ATLANTIC BOULEVARD
DULLES, VA 20166 US

New Mailing Address:

FEI Number: 06-1209561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: CCEO ( ) Delete
Name: THOMPSON, DAVID W.
Address: 21839 ATLENTICA BLVD
City-St-Zip: DULLES, VA 20166

Title: VCPC ( ) Delete
Name: THOMPSON, JAMES R.
Address: 21839 ATLANTIC BLVD
City-St-Zip: DULLES, VA 20166

Title: D ( ) Delete
Name: WEBSTER, SCOTT L
Address: 21839 ATLANTIC BLVD
City-St-Zip: DULLES, VA 20166

Title: VPC ( ) Delete
Name: THOMPSON, HOLLIS M
Address: 21839 ATLANTIC BLVD
City-St-Zip: DULLES, VA 20166

Title: VCCF ( ) Delete
Name: PIERCE, GARRETT E
Address: 21839 ATLANTIC BLVD
City-St-Zip: DULLES, VA 20166

Title: EVPG ( ) Delete
Name: GRABE, RONALD J
Address: 21839 ATLANTIC BLVD
City-St-Zip: DULLES, VA 20166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change ( ) Addition
Name: THOMPSON, DAVID W.
Address: 21839 ATLANTIC BLVD
City-St-Zip: DULLES, VA 20166

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

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

Title: SVPC (X) Change ( ) Addition
Name: THOMPSON, HOLLIS M
Address: 21839 ATLANTIC BLVD
City-St-Zip: DULLES, VA 20166

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 exemption stated 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 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: VANESSA HOANG AGC 07/17/2009

Electronic Signature of Signing Officer or Director Date