

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214547689

1.) CORPORATION NAME:

TLK, INC.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LELAND S. KOLLMORGEN
P.O. BOX 646
NELLYSFORD, VA**

SCC ID NO: **02477990**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NELSON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 646

CITY/ST/ZIP: NELLYSFORD, VA 22958-0646

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	L S KOLLMORGEN		
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 646		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958-0646		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	D W KOLLMORGEN		
TITLE:	SECRETARY		
ADDRESS:	PO BOX 646		
CITY/ST/ZIP/CO:	NELLYSFORD, VA 22958-0646		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHELE L THOMPSON		
TITLE:	DIRECTOR		
ADDRESS:	2422 HARPOON DR		
	AQUIA		
CITY/ST/ZIP/CO:	STAFFORD, VA 22554		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ L S KOLLMORGEN	L S KOLLMORGEN, PRESIDENT	10/27/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.