

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F990000000235**

1. Entity Name
Everware, Inc.

FILED

02 JUN 24 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10555 Main Street

3. Mailing Address
10555 Main Street

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Fairfax, VA

City & State
Fairfax, VA

Zip
22030-3309

Country
USA

Zip
22030-3309

Country
USA

4. FEI Number
54-1857797

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee FL Zip Code
32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
Warren Ellmore
10555 Main Street, Ste. 100
Fairfax, VA 22030-3309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Treasurer & Director
David R. Mayo
10555 Main Street, Ste. 100
Fairfax, VA 22030-3309

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with another like empowered.

SIGNATURE:

David R. Mayo DAVID R. MAYO

5/17/02

703 246 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (7/2/01)



ACCOUNT NO. : 072100000032

REFERENCE : 633165 270791

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 550.00

ORDER DATE : June 20, 2002

ORDER TIME : 3:35 PM

ORDER NO. : 633165-005

CUSTOMER NO: 7270791

CUSTOMER: Ms. Sandra D. Narbesky
Squire Sanders & Dempsey Llp
Suite 1400
8000 Towers Crescent Drive
Vienna, VA 22182-2700

ANNUAL REPORT FILING

NAME: EVERWARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____

RECEIVED
02 JUN 24 PM 4:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA