2001 UNIFORM BUSINESS REPORT (UBR)  $_{I}$ 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 04, 2001 8:00 am Secretary of State

1. Entity Name	MENT # p94000005926 e ades beverage corp.		•		05-04-2001 9	0166 045	5 ***150.00	
Purcipal Place of Business 10770 COLUMBIA PIKE SILVER SPRING, MD 20901 US		Mailing Address 10770 COLUMBIA PIKE SILVER SPRING, MD 20901 US			C0060356			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			El Number 52-1860028	-	pplied For lot Applicable	
Zip	Country	Zip	Country		ertificate of Status Desired	\$8.75 Ad	iditional	
	6. Name and Address of Current Re	gistered Agent		7. N	ame and Address of New Registered			
PRENTICE HALL CORPORATION SYSTEM, INC.								
1201 HA	Street Add	Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32301		City		FI	Zip Coo	de	
Po Th	named entity submits this statement for t					<del>-</del>		
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	Valle en marine en marine anno		0.00	10. Election Campaign Financing		00 May Be	
11.	OFFICERS AND D	RECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	3S IN 11	
NAME STREET ADDRESS C:TY-ST-ZIP	PT LANDRY, DONALD J 10770 COLUMBIA PIKE SILVER SPRING, MD 2090	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition (5)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANLEY, KEVIN P 10770 COLUMBIA PIKE SILVER SPRING, MD 2090	☐ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP	P		Change	Addition &	
TITLE NAME STREET AODRESS CITY-ST-ZIP	VAGS WILLIAMS, PAMELA M 10770 COLUMBIA PIKE SILVER SPRING, MD 2090	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGS		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARCZAK, CHARLES G. JR 10770 COLUMBIA PIKE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO		<b>⋉</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the co	certify that the information supplied with t d on this report or supplemental report is t rporation or the receiver or trustee empov I, or on an attachment with an address, wi	rue and accurate and that m vered to execute this report a	y signature shall hav	/e the same I	legal effect as if made under oath; that	l am an office	er or director	