2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P94000031782 DOCUMENT # 1. Entity Name 05-19-2002 90179 041 ***150.00 FAIRWAYS BEVERAGE CORP. Principal Place of Business Mailing Address 10770 COLUMBIA PIKE 10770 COLUMBIA PIKE SILVER SPRING MD 20901 SILVER SPRING MD 20901 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1879806 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. $oldsymbol{ ext{D}}$ **EVP** TITLE ☐ Delete TITLE X Addition HANLEY, KEVIN P NAME NAME STREET ADDRESS STREET ADDRESS 10770 COLUMBIA PIKE CITY-ST-ZIP SILVER SPRING MD 20901 CITY-ST-ZIP ☐ Delete TITLE 0 Change **X** Addition NAME WILLIAMS, PAMELA M NAME STREET ADDRESS 10770 COLUMBIA PIKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SILVER SPRING MD 20901 D TITLE ☐ Delete TITLE Change X Addition NAME WARCZAK, CHARLES G JR NAME STREET ADDRESS STREET ADDRESS 10770 COLUMBIA PIKE CITY-ST-ZIP City-St-7/P SILVER SPRING MD 20901 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment of an address, with all other like empowered.

SIGNATURE:

#-24-0 30/-591-3840

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 Block 12 if

Daytime Phone #

FILED