## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002006

Entity Name: EVALUESERVE, INC.

**Current Principal Place of Business:** 

ONE GLENWOOD AVENUE

5TH FLOOR

RALEIGH, NC 27603

**Current Mailing Address:** 

ONE GLENWOOD AVENUE **5TH FLOOR** 

RALEIGH, NC 27603 US

FEI Number: 13-4149850 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLANDRD PLANTATION, FL 33324 US

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:

City-State-Zip:

Name

Electronic Signature of Registered Agent

Date

**FILED** Apr 11, 2024

**Secretary of State** 

3495152740CC

Officer/Director Detail:

Title **DIRECTOR** Title SECRETARY AND ASST. TREASURER

VOLLENWEIDER, MARC Name Name VOLLENWEIDER, GABRIELE

Address ONE GLENWOOD AVENUE Address ONE GLENWOOD AVENUE

> **5TH FLOOR 5TH FLOOR**

RALEIGH NC 27603 RALEIGH NC 27603 City-State-Zip:

Title **DIRECTOR** Title CFO AND TREASURER

VOLOK, TAL VOLOK, TAL Name Name

ONE GLENWOOD AVENUE ONE GLENWOOD AVENUE Address Address

**5TH FLOOR 5TH FLOOR** 

RALEIGH NC 27603 RALEIGH NC 27603 City-State-Zip: City-State-Zip:

Title CHAIRMAN, PRESIDENT AND CEO

VOLLENWEIDER, MARC ONE GLENWOOD AVENUE Address

**5TH FLOOR** 

RALEIGH NC 27603 City-State-Zip:

I hereby 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 all other like empowered.

SIGNATURE: GABRIELE VOLLENWEIDER

SECRETARY AND ASST. TREASURER

04/11/2024