

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004301

Entity Name: EVERIS USA INC.**Current Principal Place of Business:**4100 NORTH FAIRFAX DR. SUITE 810
ARLINGTON, VA 22203**Current Mailing Address:**4100 NORTH FAIRFAX DR. SUITE 810
ARLINGTON, VA 22203 US**FEI Number:** 27-2702152**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, CFO
Name	SIERRA, VICTOR
Address	4100 NORTH FAIRFAX DR. SUITE 810
City-State-Zip:	ARLINGTON VA 22203

Title	COO, CHIEF HUMAN RESOURCES, VP
Name	GARCIA LOZANO, ALFONSO
Address	AV MANOTERAS 52
City-State-Zip:	MADRID MADRID 28050

Title	SECRETARY
Name	MEDINA, GREGORIO
Address	AV MANOTERAS 52
City-State-Zip:	MADRID 28050

Title	ASSITANT SECRETARY
Name	LUZURIAGA, CARLOS
Address	4100 NORTH FAIRFAX DR STE 810
City-State-Zip:	ARLINGTON VA 22203

Title	ASSISTANT SECRETARY
Name	BENITO, MARIA EUGENIA
Address	4100 NORTH FAIRFAX DR STE 810
City-State-Zip:	ARLINGTON VA 22203

Title	ASSISTANT SECRETARY
Name	GONZALEZ, FERNANDO
Address	4100 N FAIRFAX DR STE 810
City-State-Zip:	ARLINGTON VA 22203

Title	ASSISTANT SECRETARY
Name	GARRIDO, RAFAEL
Address	4100 NORTH FAIRFAX DR STE 810
City-State-Zip:	ARLINGTON VA 22203

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: CARLOS LUZURIAGA

COO

01/04/2019

Electronic Signature of Signing Officer/Director Detail_____
Date