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FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 823312 (4)

1. Corporation Name  
MCCORMICK DISTILLING COMPANY

Principal Place of Business  
ONE MCCORMICK LANE  
WESTON MISSOURI 64098-9558

Mailing Address  
ONE MCCORMICK LANE  
WESTON MISSOURI 64098-9558



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
09/29/1969

3a. Date of Last Report  
04/09/1996

4. FEI Number  
43-1624985

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MERINOFF, SPENCER  
3700 COMMERCE PARKWAY  
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person preparing this report of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, RUSSEL	
STREET ADDRESS	25827 MCCORMICK LANE	
CITY- ST- ZIP	WESTON MO 64098	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMMOND, DONALD C	
STREET ADDRESS	9668 FARRAGUT CIRCLE	
CITY- ST- ZIP	INDIANAPOLIS IN 46256	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHULTS, RONALD A	
STREET ADDRESS	34 WILSON RD.	
CITY- ST- ZIP	PLATTE CITY MO 64079	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECHAR, EDWARD A	
STREET ADDRESS	5509 WINDMILL CIR.	
CITY- ST- ZIP	DALLAS TX 75252	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIESSER, MICHAEL S	
STREET ADDRESS	11 STONEBRIAR WAY	
CITY- ST- ZIP	FRISCO TX 75034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRIBBEY, JAY A	
STREET ADDRESS	1215 N. HAMLIN	
CITY- ST- ZIP	PARK RIDGE IL 60068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P James A. Zango
1.3 STREET ADDRESS	3805 N.W. 75th
1.4 CITY- ST- ZIP	Kansas City MO 64151
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97

816-640-2276

CR2E034 (9/96)