


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <del>09/29/1989</del> 12/31/92	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 43-1624985	
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President C.O.D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZARGO, JAMES A			1.2 NAME	ZARGO, JAMES A.		
STREET ADDRESS	3805 N.W. 75TH			1.3 STREET ADDRESS	3805 N.W. 75TH		
CITY - ST - ZIP	KANSAS CITY MO			1.4 CITY - ST - ZIP	KANSAS CITY MO 64151		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	C.F.O.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAMMOND, DONALD C			2.2 NAME	Christopher Fernandez		
STREET ADDRESS	9868 FARRAGUT CIRCLE			2.3 STREET ADDRESS	16482 W. 132ND CIRCLE		
CITY - ST - ZIP	INDIANAPOLIS IN 46256			2.4 CITY - ST - ZIP	OLATHE KS 66062		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHULTS, RONALD A			3.2 NAME			
STREET ADDRESS	34 WILSON RD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	PLATTE CITY MO 64079			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PECHAR, EDWARD A			4.2 NAME			
STREET ADDRESS	5509 WINDMILL CIR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	DALLAS TX 75252			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIESSER, MICHAEL S			5.2 NAME			
STREET ADDRESS	11 STONEBRIAR WAY			5.3 STREET ADDRESS			
CITY - ST - ZIP	FRISCO TX 75034			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRIBBEY, JAY A			6.2 NAME			
STREET ADDRESS	1215 N. HAMLIN			6.3 STREET ADDRESS			
CITY - ST - ZIP	PARK RIDGE IL 60068			6.4 CITY - ST - ZIP			

14. 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 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:

*Ch. Fernandez* 3/14/98 816-640-2276

CR2E034 (10/97)