

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005408

FILED
Apr 06, 2010
Secretary of State

Entity Name: LONG TAIL LIBATIONS INC.

Current Principal Place of Business:

ONE BUSCH PLACE
ST. LOUIS, MO 63118

New Principal Place of Business:

Current Mailing Address:

ONE BUSCH PLACE
CORPORATE TAX DEPARTMENT
ST. LOUIS, MO 63118

New Mailing Address:

FEI Number: 30-0332359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD
Name: PEACOCK, DAVID A
Address: ONE BUSCH PLACE
City-St-Zip: ST. LOUIS, MO 63118

Title: V
Name: COMOTTO, JEFFREY J
Address: ONE BUSCH PLACE
City-St-Zip: ST. LOUIS, MO 63118

Title: T
Name: ADAMS, RAYMOND J
Address: ONE BUSCH PLACE
City-St-Zip: ST. LOUIS, MO 63118

Title: S
Name: LARSON, THOMAS D
Address: ONE BUSCH PLACE
City-St-Zip: SAINT LOUIS, MO 63118

Title: P
Name: MCGAULEY, PATRICK J
Address: ONE BUSCH PLACE
City-St-Zip: ST. LOUIS, MO 63118

Title: V
Name: ADAMITIS, THOMAS J
Address: ONE BUSCH PLACE
City-St-Zip: ST. LOUIS, MO 63118

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: JEFFREY J COMOTTO

V

04/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date