

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

FILED

**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003790 (0)

1. Corporation Name
DR PEPPER/CADBURY NORTH AMERICA, INC.



Principal Place of Business 8144 WALNUT HILL LN DALLAS TX 75231 US	Mailing Address PO BOX 655086 DALLAS TX 75265-5086
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1996	
21	22	25	26	4. FEI Number 75-2233365	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	27	28	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	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	Pres, CEO
NAME	BROOK, JOHN F	1.2 NAME	Stitzer, TODD H.
STREET ADDRESS	6 HIGH RIDGE PARK	1.3 STREET ADDRESS	6467 Lakehurst St.
CITY-ST-ZIP	STAMFORD CT 06905	1.4 CITY-ST-ZIP	Dallas, TX 75230
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CEO	2.1 TITLE	Sn. V.P.
NAME	BROOK, JOHN F	2.2 NAME	Saltzman, Michael
STREET ADDRESS	6 HIGH RIDGE PARK	2.3 STREET ADDRESS	5301 Kelley Lane
CITY-ST-ZIP	STAMFORD CT 06905	2.4 CITY-ST-ZIP	Plano, TX 75093
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DVS	3.1 TITLE	
NAME	BANGS, NELSON A	3.2 NAME	
STREET ADDRESS	8144 WALNUT HILL LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	4.1 TITLE	Sn. V.P.
NAME	LYALL LYNN	4.2 NAME	Kilduff, John M.
STREET ADDRESS	8144 WALNUT HILL LN	4.3 STREET ADDRESS	5301 Legacy Dr.
CITY-ST-ZIP	DALLAS TX 75231	4.4 CITY-ST-ZIP	Plano, TX 75024
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	5.1 TITLE	
NAME	SLAUGHTER, RANDOLPH	5.2 NAME	
STREET ADDRESS	8144 WALNUT HILL LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75231	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	6.1 TITLE	
NAME	UDOW, HENRY A	6.2 NAME	
STREET ADDRESS	25 BERKELEY SQ	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND W1X 6HT	6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* _____

CR2E034 (10/97)