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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700000769

FORTUNE BRANDS, INC.

Principal Place of Business							
1013 CENTRE ROAD							
WILLINGTON DE 1980S							

Mailing Address



WILMINGTON D		WILMINGTON DE 19805			DO NOT WRITE IN THIS SPACE
l					3. Date Incorporated or Qualifed
1					·
2 Drive alocal D	lace of Business	2a. Mailing Address			02/12/1997 4. FEI Number Applied For
,	lace of business	26			
Suite, Apt.	# ata	Suite, Apt. #, etc.			\$8.75 Additional
— · ` `	#, etc.	<u> </u>			5. Certificate of Status Desired Fee Required
City & Stat		27 City & State			-6. Election Campaign Financing \$5.00 May Be
City & Stat	grander - markage	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	This corporation owes the current year Intangible
—	25	29 3	_ ·		Personal Property Tax.
24	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registered Agent
	S. Name and Address of Corre.	it Kegistaleu Ageit	81	Name	ne
COR	PORATION SERVICE COMPANY		82	<u>.</u>	
1201 HAYS STREET				Street	et Address (P.O. Box Number is Not Accéptable)
TALLAHASSEE FL 32301-2525				├──	
IALL			83		
			84	City	FL 85 Zip Code
11 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above	e-named	ed corporation submits this statement for the number of changing its registered
office at t	agistared agent or both in the State	of Florida, Suich change was allfi	iorized by	THE COIN	rporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes	i .	
SIGNATURE	Signature, typed or printed name of registered age	ALOTE: D	naistared Ages	at nicensture r	re required when reinstating) DATE
12.		ID DIRECTORS	13.	· agnato···	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		☐ Change ☐ Addi
NAME	POPEO, WILLIAM G	_	1.2 NAME		
STREET ADDRESS	1013 CENTRE RD., STE 350			TADORESS	SS .
			1.4 CITY-S		
CITY-ST-ZIP TITLE	WILMINGTON DE	X DELETE	2.1 TITLE	1-2F	VPAS ☐ Change X Addi
	VS		2.2 NAME	1	JOHN H. PELLETIER
NAME	DESCANO, NANCY E			T ADDRESS	
STREET ADDRESS	1013 CENTRE RD., STE 350				New York, NY 10048
CITY-ST-ZIP	WILMINGTON DE	☐ DELETE	2. 4 CITY-5 3.1 TITLE	51-ZIP	Change Addi
TITLE	D	- Octobe			J. G. Maringo
NAME	WINN, BRUCE R		3.2 NAME		
STREET ADDRESS	1013 CENTRE RD., STE 350			TADDRESS	8
CITY-ST-ZIP	WILMINGTON DE	□ DELETE	3.4. CITY-S	T-ZIP	. Change Addi
ITTLE	VP	☐ DEFE IE	4.1 TITLE		
NAME	MULLIGAN, LISA G		4. 2 NAME		
STREET ADDRESS	1013 CENTRE RD., #350			TADORESS	8
CITY-ST-ZIP	WILMIGNTON DE 19805	□ pri ctr	4.4 CITY-S	T-ZIP	t Change
TIFLE	VPAS	☐ DELETE	5.1 TITLE 5.2 NAME		
NAME	PLOWERS, MARY T		-	- ABBE-25	MARY T. FLOWERS
STREET ADDRESS	1013 CNETRE RD., #350		5.3 STREE		8
CITY-ST-ZIP	WILMINGTON DE 19805		5.4 CITY-S	T- ZIP	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addi
NAME .	BUTLER, DANIEL R		6.2 NAME		
STREET ADDRESS	1013 CENTRE RD., #350		6.3 STREE	ADDRESS	20
CITY-ST-ZIP	WILMINGTON DE 19805		6.4 CITY-S	T-ZIP	

4. 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 a attachment with an address, with all other like empowered.

SIGNATURE:

212-299-9101