

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

FILED
Mar 27 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 # F97000002746
 1. Corporation Name:
ANDERSON'S CONN VALLEY WINERY, INC.

| | |
|--|--|
| Principal Place of Business 680 ROSSI ROAD ST. HELENA, CA 94574 | Mailing Address 680 ROSSI ROAD ST. HELENA, CA 94574 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite Apt #, etc | Suite, Apt #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 25 Country | 30 Country |

3. Date Incorporated or Qualified
1-25-95

4. FEI Number
94-2883069

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYES STREET, SUITE 105
 TALLAHASSEE, FL 32301**

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | CHAIRMAN | <input type="checkbox"/> DELETE |
| NAME | GUS ANDERSON | |
| STREET ADDRESS | 680 ROSSI RD. | |
| CITY-ST-ZIP | ST. HELENA, CA 94574 | <input type="checkbox"/> DELETE |
| TITLE | VICE CHAIRMAN | <input type="checkbox"/> DELETE |
| NAME | TODD ANDERSON | |
| STREET ADDRESS | 2624 COLOMBARD COURT | |
| CITY-ST-ZIP | ST. HELENA, CA 94574 | <input type="checkbox"/> DELETE |
| TITLE | DIRECTOR | <input type="checkbox"/> DELETE |
| NAME | DANA ANDERSON | |
| STREET ADDRESS | 2624 COLOMBARD CT. ST. HELENA, CA 94574 | |
| CITY-ST-ZIP | ST. HELENA, CA 94574 | <input type="checkbox"/> DELETE |
| TITLE | DIRECTOR | <input type="checkbox"/> DELETE |
| NAME | PHYLIS ANDERSON | |
| STREET ADDRESS | 680 ROSSI RD. | |
| CITY-ST-ZIP | ST. HELENA, CA 94574 | <input type="checkbox"/> DELETE |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | 400002472934 |
| 5.3 STREET ADDRESS | -03/31/98--01020--028 |
| 5.4 CITY-ST-ZIP | ***150.00 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

PE
3-27

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 the attached list with an address.

SIGNATURE: Todd Anderson **3-17-98** (800) 788-0212
 TODD ANDERSON VICE CHAIRMAN Date Daytime Phone #

CR2E034 (10/97)