

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14011

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** CONSTELLATION BRANDS, INC.

**Current Principal Place of Business:**

207 HIGH POINT DRIVE  
BUILDING 100  
VICTOR, NY 14564 US

**New Principal Place of Business:**

**Current Mailing Address:**

207 HIGH POINT DRIVE  
BUILDING 100  
VICTOR, NY 14564 US

**New Mailing Address:**

**FEI Number:** 16-0716709      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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:** C/D  
**Name:** SANDS, RICHARD  
**Address:** 207 HIGH POINT DRIVE, BUILDING 100  
**City-St-Zip:** VICTOR, NY 14564 US

**Title:** EOPD  
**Name:** SANDS, ROBERT S  
**Address:** 207 HIGH POINT DRIVE, BUILDING 100  
**City-St-Zip:** VICTOR, NY 14564 US

**Title:** CFO  
**Name:** RYDER, ROBERT  
**Address:** 207 HIGH POINT DRIVE, BUILDING 100  
**City-St-Zip:** VICTOR, NY 14564 US

**Title:** VPAS  
**Name:** LAVERDI, BARBARA J  
**Address:** 207 HIGH POINT DRIVE, BUILDING 100  
**City-St-Zip:** VICTOR, NY 14564 US

**Title:** SVP  
**Name:** HUMPHREY, PERRY R  
**Address:** 207 HIGH POINT DRIVE, BUILDING 100  
**City-St-Zip:** VICTOR, NY 14564 US

**Title:** SVPS  
**Name:** SORCE, DAVID S  
**Address:** 207 HIGH POINT DRIVE, BUILDING 100  
**City-St-Zip:** VICTOR, NY 14564 US

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: BARBARA J. LAVERDI

VPAS

04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date