FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14124** **(2)**

1. Corporation Name

GUINNESS IMPORT COMPANY

Principal Place of Business	Mailing Address
SIX LANDMARK SQUARE STAMFORD CT 06901-9704	SIX LANDMARK SQUARE STAMFORD CT 06901-9704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1987	3a. Date of Last Report: 02/15/1994
4. FEI Number: 13-2511218	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	OLSON, WILLIAM T. I	1.2 NAME	Shaun P. Holliday	
STREET ADDRESS	28 HOME PLACE	1.3 STREET ADDRESS	34 Copper Beech Road	
CITY-ST-ZIP	GREENWICH CT	1.4 CITY-ST-ZIP	Greenwich, CT 06830	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LITTLE, ROGER O.	2.2 NAME	Raymond F. Warren	
STREET ADDRESS	5 WALLACKS DR.	2.3 STREET ADDRESS	7 Holman Lane	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	Old Greenwich, CT 06830	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	UNDERWOOD, LARRY L.	3.2 NAME	David J. Pardus	
STREET ADDRESS	66 GLENBROOK ROAD APT. 3223	3.3 STREET ADDRESS	453 E. Putnam Ave., Unit 1-E	
CITY-ST-ZIP	STAMFORD CT	3.4 CITY-ST-ZIP	Greenwich, CT 06830	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BALDOCK, BRIAN F.	4.2 NAME		
STREET ADDRESS	WHITE HOUSE DONNINGTON	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBURY, BERKSHIRE, UK	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	WHEELHOUSE, A. JOHN	5.2 NAM		
STREET ADDRESS	3412 TOWN GLEN, 66 GLENBROOK ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	RAINEAULT, JACK F.	6.2 NAM		
STREET ADDRESS	110 CEDAR RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON CT	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Jack F. Raineault - Secretary 1/12/95 203-359-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303040 FP