FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/21/1987**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	~~HOLLIDAY, SHAUN P.~~		1.2 NAME	Gary S. Matthews
STREET ADDRESS	~~34 COOPER BEECH RD~~		1.3 STREET ADDRESS	130 Lower Cross Rd.
CITY-ST-ZIP	~~GREENWICH CT~~		1.4 CITY-ST-ZIP	Greenwich, CT 06831
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WARREN, RAYMOND F.		2.2 NAME	
STREET ADDRESS	1 HOLMAN LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD GREENWICH CT		2.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~PARDUS, DAVID J.~~		3.2 NAME	
STREET ADDRESS	~~435 E. PUTNAM AVE., UNIT 1-E~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~GREENWICH CT~~		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WHEELHOUSE, A. JOHN		5.2 NAME	
STREET ADDRESS	3412 TOWN GLEN, 66 GLENBROOK ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RAINEAULT, JACK F.		6.2 NAME	
STREET ADDRESS	110 CEDAR RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: _____ Jack F. Raineault 1/23/96 203-359-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #