PROFIT CORPORATION ANNUAL REPORT

1999



*FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14124

1. Corporation Name

GUINNESS IMPORT COMPANY

Principal Place	e of Business	Mailing Address							
SIX LANDMARK	SQUARE	SIX LANDMARK SOUARE							
STAMFORD CT	06901-9704	STAMFORD CT 06901-9704			DO NOT WE	ITE IN THE	COACE		
								SOFACE	
						3. Date Incorporated of Qualifed	1		
						04/21/1987		 1 .	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	olied For
e 1 ∮		26			13-2511218			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
2		27						Fee Red	
City & State		City & State	¬ '			6. Election Campaign Financing		\$5.00	•
		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		ountry		8. This corporation owes the cu	rrent year In		
4	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		,		10. Name and Address of New	Registered	Agent	
				81	Name				Ì
	ORPORATION SYSTEM		82 Street Add			Address (P.O. Box Number is Not Accep	table)		
	S. PINE ISLAND ROAD		اما				<u>, </u>		
PLAN	ITATION FL 33324			83					
								85 Zip C	odo
				84	City		FL	85 Zip C	oue
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida St	atutes, the	above	-named	corporation submits this statement for th	e purpose o	f changing its	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change wa	as authorize	ed by	ine corpi	oration's board of directors. I hereby according	ept the appo	intment as reg	jistered
agent. I ai	m familiar with, and accept the oblig	ations or, Section 607.0505,	FIORGA SIZ	រយេខទ					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if apolicable. (1)	IOTE: Register	ed Agen	signature n	equired when reinstating)	DATE		}
12.	OFFICERS AND DIRECTORS			3.		ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO	RS IN 12
TITLE	PD			TITLE		P		Change	★ Addition
NAME	MATTHEWS, GARY S		1.2	NAME		-			
	130 LOWER CROSS RD				ADDRESS	Timothy G. Kelly			
STREET ADDRESS	GREENWICH CT			14 OFF OF 71D		395 Stanwich Road			
CITY-ST-ZIP					- 211	Greenwich, CT 06830		Change	Addition
TITLE	VD	_		2.1 TITLE 2.2 NAME		Maleary Amousa B		A74 -	
NAME	MCKAY, ANSUS R					Mckay, Angus R.			
STREET ADDRESS	44 HIGHVIEW AVENEU			2.3 STREET ADDRESS		-	-		
CITY-ST-ZIP	OLD GREENWICH CT 06870			CITY-S	T-ZIP			Change	XX Addition
TITLE	D	******		3.1 TITLE D		D		□ Change	E-P-Cultion
NAME	O'NEILL, BRENDAN R					Storm, Colin D.			
STREET ADDRESS	30 BURDON LANE	3.3 \$		STREET	ADDRESS	17 Finch Lodge			
CITY-ST-ZIP	CHEAM SU					Admiral Walk, Carlton	Gate,	London	
TITLE	S	☐ DELETE	4.1	TITLE				Change	☐ Addition
NAME	RAINEAULT, JACK F.		4 2	NAME					
STREET ADDRESS	110 CEDAR RD.		4.3	STREET	ADDRESS				
CITY-ST-ZIP	WILTON CT			CITY-S	r-ZIP				
TITLE	T	D access		TITLE		V		XX Change	☐ Addition
NAME	REGINALD FILS		5.2	NAME		Fils+Aime, Reginald			
STREET ADDRESS	3 INDIAN HILL ROAD		5.3	STREE	ADDRESS				
CITY-ST-ZIP	WESTPORT CT		5.4	CITY-S	T-ZIP]
TITLE		DELETE		TITLE	_	D		Change	★ Addition
				NAME		Fletcher, Stuart			ļ
NAME					ADDRESS	60 Benjamin Road			,
STREET ADDRESS			3.3			ot benjamin koad	070		Ì

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 of the seceiver 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 truinged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack F. Raineault, Secretary

01/15/99

Daytime Phone #

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90041 016 ***150.00