2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2007 8:00 am Secretary of State

| DOCUMENT # P14124 1. Entity Name DIAGEO - GUINNESS USA INC. | | | | | | 05-04-2007 | 90090 002 | ***550 | 0.00 |
|---|---|--|----------------------------------|---|--------------------------------|-------------------|--------------------------|--------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | 3~ | - | | | |
| 801 MAIN AVE NORWALK, CT 06851 US | | 801 MAIN AVE ATTN: K. MONAHAN NORWALK, CT 06851 US | | | | |); Pilli Silli Aiki ligi | : 81 7 11 61 7 1 | 188 1 1881 |
| 2. Principal F | flace of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt, #, etc. | | Suite, Apt. #. etc. | | | 05012007 | Chg-P | CR2E034 (| 12/06) | |
| City & State | | City & State | | | 4. FEI Numbe 13-2511 | | | \rightarrow | plied For t Applicable |
| Zip | Country | Zip | Count | ry | 5. Certificate of | of Status Desired | | 75 Add Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New F | Registered Agen | t | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | | - | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | | | FL ² | ip Code | ······································ |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | | |
| 10. | ÖFFICERS AND | DIRECTORS | 11. | | ADDITIONS/0 | CHANGES TO OFF | ICERS AND DIR | ECTORS | 3 IN 11 |
| NAME STREET ADDRESS CITY+ST-ZIP | P EICKHOLT, DAVID 801 MAIN AVE NORWALK, CT 06851 | Delete | | T ADDRESS SO | mes you | Live. | Pras. 🗆 851 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BLOOD, JOHN 801 MAIN AVE NORWALK, CT 06851 | ☐ Delete | | \ \ \ \ | | ahon - | | Change CY | Addition |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | RAINEAULT, JACK 801 MAIN AVE NORWALK, CT 06851 | ☐ Delete | 4 | I ADDRESS & | oseph G Or Main Novembri | Barry, Se | 164 | Change | Addition |
| TITLE NAME STREET ADDRESS CIFY-SI-ZIP | AS MILLER, BRUCE 801 MAIN AVE NORWALK, CT 06851 | ☐ Delete | TITLE NAME STREE CITY-1 | 1 ADDRESS | | | | Change | Addition |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | T ADDRESS ST-ZIP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | pertify that the information supplied with | ☐ Delete | CITY- | 1 ADORESS ST-ZIP | dia Changa | | | Change | ☐ Addition |
| | on this report or supplemental report is | to a and againsts and that me | | re chall have the | eamo iacal alfact | ca if made under | control colliny III | - 11 PO 111 | IVI HALIOTI |

12. Thereby certify that the information supplied with this taling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASST. SCY 5.2.07 203-229-