2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P24060** 1. Entity Name MORMAX BEVERAGES CORP. Principal Place of Business Mailing Address ONE MERCER ROAD ONE MERCER ROAD NATICK MA 01760 NATICK MA 01760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW! 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 200 (See criteria on back) Make Check Payab OFFICERS AND DIRECTORS 11. VPS TITLE ☐ Delete BROWN, ARTHUR V NAME ONE MERCER RD STREET ADDRESS NATICK MA 01760 CITY-ST-7IP ☐ Delete TITLE FORWARD, FRANK NAME ONE MERCER RD STREE! ADDRESS NATICK MA CITY-ST-ZIP

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Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90361 002 ***150.00

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	DO NOT WRITE IN THIS	S SPACE
	4. FEI Number 04-3048592	Applied For
		Not Applicable
Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	7. Name and Address of New Registered	d Agent
Name		
Street Add	ress (P.O. Box Number is Not Acceptable)	
City		Zip Code
egistered office or re	gistered agent, or both, in the State of Fiorida.	
. Registered Agent signature	required when reinstating) DATE	<u> </u>
! FEE IS \$150.00 If Fee will be \$55 ie to Department of 12.	3.00 Trust Fund Contribution.	\$5.00 May Be Added to Fees
10LE	ADDITIONO/CHANGES TO OFFICERS A	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		orange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Acdition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director John J. Nugent One Mercer Road	☐ Change 📆 Addition
TITLE NAME STREET ADDRESS CITY-ST-7;P	Natick, MA 01760	Change Addition
TITLE NAME STREET ACDRESS		☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CLIY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP TITLE

GALLIVAN, SARAH M

ONE MERCER RD

NATICK MA 01760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur V. Brown

4 - 23 - 01

(508)651-7400

Date

Daytime Phone #