

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33186

FILED
Apr 23, 2008
Secretary of State

Entity Name: DIAGEO LATIN AMERICA & CARIBBEAN, INC.

Current Principal Place of Business:

801 MAIN STREET
NORWALK, CT 06851

New Principal Place of Business:

801 MAIN AVENUE
NORWALK, CT 06851

Current Mailing Address:

801 MAIN STREET
NORWALK, CT 06851

New Mailing Address:

801 MAIN AVENUE
ATTN: CHERISE THOMAS
NORWALK, CT 06851

FEI Number: 06-1240182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC
11380 PROPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCONALD, HAMISH
Address: 6 LANDMARK SQUARE
City-St-Zip: STAMFORD, CT 06901

Title: VP () Delete
Name: BULLARD, WILLIAM
Address: 6 LANDMARK SQUARE
City-St-Zip: STAMFORD, CT 06901

Title: VS (X) Delete
Name: BARRY, JOED
Address: 6 LANDMARK SQUARE
City-St-Zip: STAMFORD, CT 06901

Title: AS (X) Delete
Name: STUEVE, TOM
Address: 6 LANDMARK SQUARE
City-St-Zip: STAMFORD, CT 06901

Title: D (X) Delete
Name: STUEVE, TOM
Address: 6 LANDMARK SQUARE
City-St-Zip: STAMFORD, CT 06901

Title: AS () Delete
Name: MILLER, BRUCE
Address: 6 LANDMARK SQUARE
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCONALD, HAMISH
Address: 801 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: VP (X) Change () Addition
Name: BULLARD, WILLIAM
Address: 801 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: MILLER, BRUCE
Address: 801 MAIN AVENUE
City-St-Zip: NORWALK, CT 06851

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE MILLER

AS

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date