FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000751 (8)

1. Corporation Name
MATT BREWING CO., INC.

Principal Place of Business	Mailing Address
811 EDWARD ST. UTICA NY 13502	811 EDWARD ST. UTICA NY 13502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1993 — 3a. 02/14/1994

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

4. FEI Number: 16-1343083 ☐ 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

MUTH, GORDON
624 FLAMINGO DR.
UNIT 212
VENICE FL 34285

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	MATT, FRANCIS X II	1.2 NAME	
STREET ADDRESS	130 PARIS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 13413	1.4 CITY-ST-ZIP	
TITLE	DVCP	2.1 TITLE	☐ Change ☐ Addition
NAME	MATT, NICHOLAS O	2.2 NAME	
STREET ADDRESS	36 JORDAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 13413	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MATT, WALTER J	3.2 NAME	
STREET ADDRESS	8 SOLDIER'S PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO NY 14222	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MATT, J. KEMPER	4.2 NAME	
STREET ADDRESS	5 MEADOW LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE NY 13066	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	MATT, FRANCIS X II	5.2 NAME	
STREET ADDRESS	130 PARIS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 13413	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MATT, NICHOLAS O	6.2 NAME	
STREET ADDRESS	36 JORDAN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 13413	6.4 CITY-ST-ZIP	

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)(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 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: X [signature] PRESIDENT 1-10-94 (315) 732-3181
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0484700 FN