

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90208 006 ***158.75

DOCUMENT # 823312

1. Corporation Name

MCCORMICK DISTILLING COMPANY



Principal Place of Business

ONE MCCORMICK LANE
WESTON MISSOURI 64098-9558

Mailing Address

ONE MCCORMICK LANE
WESTON MISSOURI 64098-9558

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

~~09/29/1969~~ 12/31/92

4. FEI Number

43-1624985

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

MERINOFF, SPENCER
3700 COMMERCE PARKWAY
MIRAMAR FL 33025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO	1.1 TITLE	President C.O.O.
NAME	ZANGO, JAMES A	1.2 NAME	ZARGO, JAMES A
STREET ADDRESS	3805 N.W. 75TH	1.3 STREET ADDRESS	3805 N.W. 75th
CITY-ST-ZIP	KANSAS CITY MO 64151	1.4 CITY-ST-ZIP	KANSAS CITY mo 64151
TITLE	VD	2.1 TITLE	
NAME	HAMMOND, DONALD C	2.2 NAME	
STREET ADDRESS	9668 FARRAGUT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46256	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SHULTS, RONALD A	3.2 NAME	
STREET ADDRESS	34 WILSON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLATTE CITY MO 64079	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	PECHAR, EDWARD A	4.2 NAME	
STREET ADDRESS	5509 WINDMIER CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75252	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GRIESSER, MICHAEL S	5.2 NAME	
STREET ADDRESS	11 STONEBRIAR WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRISCO TX 75034	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DIRECTOR
NAME	TRIBBEY, JAY A	6.2 NAME	RICHARD G. HILLSMAN
STREET ADDRESS	1215 N. HAMLIN	6.3 STREET ADDRESS	924 N. BRAINARD
CITY-ST-ZIP	PARK RIDGE IL 60068	6.4 CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60526

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 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, with all other like empowered.

SIGNATURE:

Michael Frizzell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99
Date

816-640-2276
Daytime Phone #

CR2E034 (11/98)