## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # F9600003790 1. Entity Name DR PEPPER/SEVEN UP, INC. 04-18-2000 90039 044 \*\*\*150.00 Principal Place of Business Mailing Address P.O.BOX 869077 5301 LEGACY DRIVE **PLANS TX 75024** PLANS TX 75086-9077 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 75-2233365 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 " 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Change Addition **PCEA** □ Delete TITLE TITLE NAME STITZER, TODD H NAME STREET ADDRESS STREET ADDRESS 6467 LAKEHURST ST CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75230 SVP ☐ Change Addition Delete TITLE NAME KILDUFF, JOHN M NAMÉ STREET ADDRESS STREET ADDRESS 5301 LEGACY DR CITY-ST-7IP CITY-ST-ZIP PLANO TX 75024 ☐ Addition Change TITLE D۷ TITLE Delete NAME NAME UDOW, HENRY A STREET ADDRESS STREET ADDRESS 25 BERKELEY SQ CITY-ST-ZIP CITY-ST-ZIP LONDON, ENGLAND W1X 6HT ☐ Addition ☐ Change Sr. V.P.-Finance TITLE ☐ Delete TITLE NAME NAME David M. Miller STREET ADDRESS STREET ADDRESS Hills Creek Dr CITY-ST-ZIP CITY-ST-ZIP Kinney, T Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE -Theasurey ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

972-673-7000

Daytime Phone #