

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000751

Entity Name: MATT BREWING CO., INC.

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

811 EDWARD ST.
UTICA, NY 13502

New Principal Place of Business:

Current Mailing Address:

811 EDWARD ST.
UTICA, NY 13502

New Mailing Address:

FEI Number: 16-1343803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUTH, GORDON
APARTMENT 206
818 CAPRI ISLE BLVD
VENICE, FL 34292 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MATT, ALFRED D
Address: 7289 NORTON AVENUE
City-St-Zip: CLINTON, NY 13323

Title: DVCP () Delete
Name: MATT, NICHOLAS O
Address: 36 JORDAN RD.
City-St-Zip: NEW HARTFORD, NY 13413

Title: D () Delete
Name: MATT, J. KEMPER
Address: 5 MEADOW LANE
City-St-Zip: FAYETTEVILLE, NY 13066

Title: T () Delete
Name: MATT, NICHOLAS O
Address: 36 JORDAN RD.
City-St-Zip: NEW HARTFORD, NY 13413

Title: S () Delete
Name: MATT, ALFRED D
Address: 7289 MORTON AVE
City-St-Zip: CLINTON, NY 13323

Title: D () Delete
Name: MATT, F.X. III
Address: 44 JORDAN RD
City-St-Zip: NEW HARTFORD, NY 13413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MATT, ALFRED D
Address: 7289 NORTON AVENUE
City-St-Zip: CLINTON, NY 13323

Title: DC (X) Change () Addition
Name: MATT, NICHOLAS O
Address: 36 JORDAN RD.
City-St-Zip: NEW HARTFORD, NY 13413

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

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: ALFRED D. MATT

PRES

06/24/2009

Electronic Signature of Signing Officer or Director

Date