

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005073

Entity Name: PEPSI-COLA NATIONAL MARKETING, LLC**Current Principal Place of Business:**PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
WHITE PLAINS, NY 10604**Current Mailing Address:**PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
WHITE PLAINS, NY 10604 US**FEI Number:** 27-3846297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title MANAGER
Name SOUTHERTON, DAWN I
Address PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
City-State-Zip: WHITE PLAINS NY 10604

Title MANAGER
Name BETHARD, JARRELL W.
Address PEPSICO NORTH AMERICA BEVERAGES
1111 WESTCHESTER AVENUE
City-State-Zip: WHITE PLAINS NY 10604

Title MANAGER
Name MASSARO, CARLO
Address PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
City-State-Zip: WHITE PLAINS NY 10604

Title MANAGER
Name CHENG, ADA
Address PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
City-State-Zip: WHITE PLAINS NY 10604

Title MANAGER
Name MUELLER, CHARLES F.
Address PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
City-State-Zip: WHITE PLAINS NY 10604

Title MANAGER
Name HURLEY, MEGAN M.
Address PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
City-State-Zip: WHITE PLAINS NY 10604

Title MANAGER
Name GRIFF, CHRISTINE
Address PEPSICO NORTH AMERICA BEVERAGES
1111WESTCHESTER AVENUE
City-State-Zip: WHITE PLAINS NY 10604

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE GRIFF

MANAGER

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date