

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 24, 2014
Secretary of State
CC6865172752

Entity Name: LONG TAIL LIBATIONS INC.

Current Principal Place of Business:

ONE BUSCH PLACE
ST. LOUIS, MO 63118

Current Mailing Address:

ONE BUSCH PLACE
CORPORATE TAX DEPARTMENT
ST. LOUIS, MO 63118

FEI Number: 30-0332359

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

Officer/Director Detail :

Title V
Name KEATHLEY, LEE
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title V
Name COMOTTO, JEFFREY J
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title T
Name GREGORIS, MICHAEL
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title S
Name LARSON, THOMAS D
Address ONE BUSCH PLACE
City-State-Zip: SAINT LOUIS MO 63118

Title PD
Name MCGAULEY, PATRICK J
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title VD
Name KOLDITZ, DANIEL P
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title DIRECTOR
Name D'SYLVA, BLAISE
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title DIRECTOR
Name TOOTHMAN, VALERIE
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

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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 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 all other like empowered.

SIGNATURE: JEFFREY J. COMOTTO

VICE PRESIDENT

01/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name THOMAS, LYDIA A
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118