

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000874

**Entity Name:** ABC AMERICAN BEVERAGE CORPORATION

**Current Principal Place of Business:**

1 HIGH RIDGE PARK  
STAMFORD, CT 06905

**FILED**  
**Apr 10, 2024**  
**Secretary of State**  
**7850009572CC**

**Current Mailing Address:**

1 HIGH RIDGE PARK  
STAMFORD, CT 06905 US

**FEI Number: 34-0730294**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATIN 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:** /S/ MADONNA CUDDIHY, ASSISTANT SECRETARY

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORTATI, ROBERT  
Address        12 POND HILL RD  
City-State-Zip: CHAPPAQUA NY 10514

Title            CEO  
Name            MORTATI, ROBERT  
Address        12 POND HILL RD  
City-State-Zip: CHAPPAQUA NY 10514

Title            COO  
Name            VOELKERDING, TIM  
Address        5150 WESSELMAN WOODS DRIVE  
City-State-Zip: CLEVES OH 45002

Title            VP  
Name            MACTAGGART, IAN B.  
Address        25 LINDSAY DR  
City-State-Zip: GREENWICH CT 06830

Title            SECRETARY  
Name            MACTAGGART, IAN B.  
Address        25 LINDSAY DR  
City-State-Zip: GREENWICH CT 06830

Title            ASSISTANT SECRETARY  
Name            SAUNDERS, JANE  
Address        5 BLACK SWAN COURT  
City-State-Zip: BOOKFIELD CT 06804

Title            CHAIRMAN OF THE BOARD  
Name            HARTONG, HENDRIK J. III  
Address        71 PARISH LANE  
City-State-Zip: NEW CANAAN CT 06840

Title            DIRECTOR  
Name            MACTAGGART, IAN B.  
Address        25 LINDSAY DR  
City-State-Zip: GREENWICH CT 06830

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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:** CHRISTIAN CONLEY

**CFO/TREASURER**

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MORTATI, ROBERT  
Address 12 POND HILL RD  
City-State-Zip: CHAPPAQUA NY 10514

Title CFO/TREASURER  
Name CONLEY, CHRISTIAN  
Address 1 HIGH RIDGE PARK  
City-State-Zip: STAMFORD CT 06905

Title DIRECTOR  
Name LEBOUTILLIER, JOHN  
Address 2285 SHIPPAN AVE  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name EAGLE, DAVID  
Address 1 HIGH RIDGE PARK  
City-State-Zip: STAMFORD CT 06905