

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000874

**Entity Name:** ABC AMERICAN BEVERAGE CORPORATION

**Current Principal Place of Business:**

ONE DAILY WAY  
VERONA, PA 15147

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC6908695837**

**Current Mailing Address:**

ONE DAILY WAY  
VERONA, PA 15147

**FEI Number: 34-0730294**

**Certificate of Status Desired: No**

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

RAX CO.  
50 NORTH LAURA ST SUITE 3300  
JACKSONVILLE, FL 32202 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 EXECUTIVE VICE PRESIDENT SALES  
Name CURRAN, JOHN P  
Address ONE DAILY WAY  
City-State-Zip: VERONA PA 15147

Title DIRECTOR, CHAIRMAN  
Name HARTONG, HENDRIK III  
Address 8 SOUND SHORE DRIVE  
SUITE 265  
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR, VP, ASST. SECRETARY  
Name MACTAGGART, IAN  
Address 8 SOUND SHORE DRIVE  
SUITE 265  
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR, VP  
Name HARTNETT, KEVIN  
Address 8 SOUND SHORE DRIVE  
SUITE 265  
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR  
Name ROSCIGNO, ANTHONY  
Address 8 SOUND SHORE DRIVE  
SUITE 265  
City-State-Zip: GRENWICH CT 06830

Title ASST. TREASURER  
Name SHEPPARD, JAMES  
Address 5 HIGH RIDGE PARK  
SUITE 101  
City-State-Zip: STAMFORD CT 06905

Title CHIEF MARKETING OFFICER  
Name BERGENFELD, ILENE  
Address 5 HIGH RIDGE PARK  
SUITE 101  
City-State-Zip: STAMFORD CT 06905

Title ASST. SECRETARY  
Name ROUND, BEVERLY  
Address ONE DAILY WAY  
City-State-Zip: VERONA PA 15147

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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: /S/ BEVERLY ROUND**

**ASSISTANT SECRETARY 04/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY

Name NIHOFF, SHAWN

Address ONE DAILY WAY

City-State-Zip: VERONA PA 15147