

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000874

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**2316888953CC**

**Entity Name:** ABC AMERICAN BEVERAGE CORPORATION

**Current Principal Place of Business:**

ONE DAILY WAY  
VERONA, PA 15147

**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:**

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

04/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title CFO  
Name BEHRE, DOUG  
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

Title DIRECTOR  
Name LEBOUTILLIER, JOHN  
Address 5 HIGH RIDGE PARK, SUITE 101  
City-State-Zip: STAMFORD CT 06905

Title PRESIDENT, CEO, DIRECTOR  
Name MORTATI, ROBERT  
Address 5 HIGH RIDGE PARK  
SUITE 101  
City-State-Zip: STAMFORD CT 06905

Title COO  
Name VOELKERDING, TIM  
Address 10300 ALLIANCE ROAD  
SUITE 500  
City-State-Zip: CINCINNATI OH 45242

*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

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date