

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000751

Entity Name: MATT BREWING CO., INC.**Current Principal Place of Business:**811 EDWARD ST.
UTICA, NY 13502**Current Mailing Address:**811 EDWARD ST.
UTICA, NY 13502**FEI Number:** 16-1343803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
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 DP
Name MATT, ALFRED D
Address 7289 NORTON AVENUE
City-State-Zip: CLINTON NY 13323

Title D
Name MATT, J. KEMPER
Address 5 MEADOW LANE
City-State-Zip: FAYETTEVILLE NY 13066

Title S
Name MATT, ALFRED D
Address 7289 MORTON AVE
City-State-Zip: CLINTON NY 13323

Title DIRECTOR
Name MATT, LINDA
Address 8 SOLDIER'S PLACE
City-State-Zip: BUFFALO NY 14222

Title DC
Name MATT, NICHOLAS O
Address 36 JORDAN RD.
City-State-Zip: NEW HARTFORD NY 13413

Title T
Name MATT, NICHOLAS O
Address 36 JORDAN RD.
City-State-Zip: NEW HARTFORD NY 13413

Title D
Name MATT, F.X. III
Address 44 JORDAN RD
City-State-Zip: NEW HARTFORD NY 13413

Title DIRECTOR
Name OWENS, MARY LAWRENCE
Address 3891 BRISTOL ROAD
City-State-Zip: CLINTON NY 13323

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: ALFRED D. MATT**PRESIDENT****03/31/2016**

Electronic Signature of Signing Officer/Director Detail

Date