## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14011

Entity Name: CONSTELLATION BRANDS, INC.

**Current Principal Place of Business:** 

207 HIGH POINT DRIVE BUILDING 100 VICTOR, NY 14564

**Current Mailing Address:** 

207 HIGH POINT DRIVE BUILDING 100 VICTOR, NY 14564 US

FEI Number: 16-0716709 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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

FILED Apr 24, 2017

Secretary of State

CC5924710955

Officer/Director Detail:

Title C/D Title EOPD

Name SANDS, RICHARD Name SANDS, ROBERT S

Address 207 HIGH POINT DRIVE, BUILDING Address 207 HIGH POINT DRIVE, BUILDING

100

City-State-Zip: VICTOR NY 14564 City-State-Zip: VICTOR NY 14564

Title EVP, CFO Title VP, AS, AT

Name KLEIN, DAVID Name LAVERDI, BARBARA J

Address 207 HIGH POINT DRIVE, BUILDING Address 207 HIGH POINT DRIVE, BUILDING

City-State-Zip: VICTOR NY 14564 City-State-Zip: VICTOR NY 14564

TitleSVPTitleSVP AND SECRETARYNameSTEWART, JANETNameBOURDEAU, JAMES O.

Address 207 HIGH POINT DRIVE, BUILDING Address 207 HIGH POINT DRIVE

BUILDING 100

City-State-Zip: VICTOR NY 14564 City-State-Zip: VICTOR NY 14564

Title EVP, COO
Name NEWLANDS, WILLIAM A.

City-State-Zip: CHICAGO IL 60603

1 S. DEARBORN ST.

Address

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: BARBARA J. LAVERDI VP, ASST. SECRETARY, 04/24/2017 ASST. TREASURER

Electronic Signature of Signing Officer/Director Detail

Date