

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 127648

FILED
Jan 31, 2011
Secretary of State

Entity Name: B.B. MCCORMICK & SONS INC.

Current Principal Place of Business:

233 SAN JUAN DR.
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

233 SAN JUAN DR.
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 59-0351360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, SUZANNE M
233 SAN JUAN DR.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: MCCORMICK TAYLOR, SUZANNE
Address: 233 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D
Name: MCCORMICK, J. HADEN
Address: 233 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VD
Name: MCCORMICK, REID T.
Address: 233 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: STD
Name: MCCORMICK, WADE T
Address: 233 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: AS
Name: WAINER, PATRICIA
Address: 233 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: D
Name: MCCORMICK, JEAN H.
Address: 233 SAN JUAN DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: SUZANNE TAYLOR

PD

01/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date