

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **822695**

1. Corporation Name
Joseph E. Seagram & Sons, Inc.
375 Park Avenue
New York, New York 10152-0192

Principal Place of Business
375 Park Avenue
New York, New York
10152-0192

Mailing Address
800 Third Avenue
New York, New York
10022

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4/23/69		3a. Date of Last Report	
21		26		4. FEI Number 13-1285240		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
The Prentice Hall Corporation System, Inc. 1201 Hays Street, Suite 105 Tallahassee, Florida 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Chairman	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Edgar M. Bronfman			1.2 NAME			
STREET ADDRESS	375 Park Avenue			1.3 STREET ADDRESS			
CITY-ST-ZIP	New York, NY 10152			1.4 CITY-ST-ZIP			
TITLE	President and CEO	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Edgar Bronfman, Jr.			2.2 NAME			
STREET ADDRESS	375 Park Avenue			2.3 STREET ADDRESS			
CITY-ST-ZIP	New York, NY 10152			2.4 CITY-ST-ZIP			
TITLE	VC/Chief Financial Officer	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robert W. Matchullat			3.2 NAME			
STREET ADDRESS	375 Park Avenue			3.3 STREET ADDRESS			
CITY-ST-ZIP	New York, NY 10152			3.4 CITY-ST-ZIP			
TITLE	Executive Vice President	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Stephen E. Herbits			4.2 NAME			
STREET ADDRESS	375 Park Avenue			4.3 STREET ADDRESS			
CITY-ST-ZIP	New York, NY 10152			4.4 CITY-ST-ZIP			
TITLE	Vice President/Secretary	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Daniel R. Paladino			5.2 NAME			
STREET ADDRESS	375 Park Avenue			5.3 STREET ADDRESS			
CITY-ST-ZIP	New York, NY 10152			5.4 CITY-ST-ZIP			
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Irene S. Alpert			6.2 NAME			
STREET ADDRESS	800 Third Avenue			6.3 STREET ADDRESS			
CITY-ST-ZIP	New York, NY 10022			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Irene S. Alpert* Asst. Secretary 2/14/96 212-572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Irene S. Alpert

CR2E034 (12/95)