

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 822695 (3)

1. Corporation Name
JOSEPH E. SEAGRAM & SONS, INC.



Principal Place of Business
375 PARK AVENUE
NEW YORK NY 10152-0192

Mailing Address
800 THIRD AVENUE
NEW YORK NY 10022

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 04/23/1969 | 3a. Date of Last Report 03/21/1996 |
| 4. FEI Number 13-1285240 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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|--|--|
| 9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET, STE. 105 TALLAHASSEE FL 32301 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 | CHAR | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRONFMAN, EDGAR M. | 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 | PCEO | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRONFMAN, EDGAR 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 | EVP | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BANNER, STEPHEN E | 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 | EVP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERBITS, STEPHEN E. | 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 | EVP | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCDONNELL, EDWARD F. | 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 | AS | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIAMBUSSO, ANN M. | 6.2 NAME | |
| STREET ADDRESS | 800 THIRD AVENUE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY 10152 | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ann M. Giambusso* ASST. SECRETARY 1/17/97 212-572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)