

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 823312

1. Entity Name
MCCORMICK DISTILLING COMPANY



FILED

06 MAY -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE MCCORMICK LANE
WESTON, MO 64098-9558

Mailing Address
ONE MCCORMICK LANE
WESTON, MO 64098-9558

5/1/06



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1624985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERINOFF, SPENCER
3700 COMMERCE PARKWAY
MIRAMAR, FL 33025

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCOO
NAME	ZARGO, JAMES A
STREET ADDRESS	3805 N.W. 75TH
CITY-ST-ZIP	KANSAS CITY, MO 64151
TITLE	VD
NAME	HARRIS, MICHEAL S
STREET ADDRESS	16339 290TH RD
CITY-ST-ZIP	ATCHISON, KS 66002
TITLE	S
NAME	HUNT, BEATRICE E
STREET ADDRESS	18660 ELM GROVE ROAD
CITY-ST-ZIP	PLATTE CITY, MO 64079
TITLE	D
NAME	PECHAR, EDWARD A
STREET ADDRESS	5509 WINDMIER CIR.
CITY-ST-ZIP	DALLAS, TX 75252
TITLE	VD
NAME	FERNANDEZ, CHRIS
STREET ADDRESS	11301 W. 138TH ST
CITY-ST-ZIP	OVERLAND PARK, KS 66221
TITLE	D
NAME	HILLSMAN, RICHARD G
STREET ADDRESS	924 N BRAINARD
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60526

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05/15/06-80057-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Frizzell

Michael Frizzell

4/21/06

816-640-2276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #