

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM  
Secretary of State

DOCUMENT # 823312

1. Entity Name  
MCCORMICK DISTILLING COMPANY



Principal Place of Business

ONE MCCORMICK LANE  
WESTON, MO 64098-9558

Mailing Address

ONE MCCORMICK LANE  
WESTON, MO 64098-9558



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
43-1624985

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:

MERINOFF, SPENCER  
3700 COMMERCE PARKWAY  
MIRAMAR, FL 33025

DO NOT WRITE  
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, 2008 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

DO NOT WRITE  
IN THIS SPACE

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:

*M. D. L. J. J.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08

816-640-2276