FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 19 PM 11:30

DOCUMENT # **823610** **(1)**

1. Corporation Name
UNITED DISTILLERS GLENMORE, INC.

Principal Place of Business	Mailing Address
6 LANDMARK SQUARE 5TH FLOOR - CONTROLLERS DEPT. STAMFORD CT 06901 US	6 LANDMARK SQUARE 5TH FLOOR - CONTROLLERS DEPT. STAMFORD CT 06901 US

* DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/12/1969	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 61-0204580 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☒ Change ☐ Addition
NAME	RIZZO, MICHAEL J	12 NAME		
STREET ADDRESS	1515 NORTHWIND RD	13 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40207	14 CITY-ST-ZIP		
TITLE	VT	21 TITLE	V/D	☒ Change ☐ Addition
NAME	MCMORROW, FRANK P	22 NAME		
STREET ADDRESS	171 W. PARK AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	PEARL RIVER NY	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	IRELAND, PAMELA T	32 NAME		
STREET ADDRESS	151 CROSS HIGHWAY	33 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	GELBMAN, LEWIS A.	42 NAME		
STREET ADDRESS	28-9 MANVILLE LANE	43 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTVILLE NY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	C/D	☒ Change ☐ Addition
NAME	SORENSEN, OVE	52 NAME	Caldwell, Walter H	
STREET ADDRESS	354 NOD HILL ROAD	53 STREET ADDRESS	121 Cherry Hill Rd	
CITY-ST-ZIP	WILTON CT 06897	54 CITY-ST-ZIP	Greenwich, CT 06831	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME	Also	62 NAME		
STREET ADDRESS	- See Attached -	63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Robert T. Brown 4/6/95 (203) 357-7183
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0983844 FP