

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 823610 (1)
1. Corporation Name
UNITED DISTILLERS USA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6 LANDMARK SQUARE
5TH FLOOR - CONTROLLERS DEPT.
STAMFORD CT 06801
US

Mailing Address

6 LANDMARK SQUARE
5TH FLOOR - CONTROLLERS DEPT.
STAMFORD CT 06801
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

08/12/1969

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE PD
NAME RIZZO, MICHAEL J
STREET ADDRESS 1515 NORTHWIND RD
CITY-ST-ZIP LOUISVILLE KY

TITLE VD
NAME MCMORROW, FRANK P
STREET ADDRESS 171 W. PARK AVENUE
CITY-ST-ZIP PEARL RIVER NY

TITLE AS
NAME IRELAND, PAMELA T
STREET ADDRESS 151 CROSS HIGHWAY
CITY-ST-ZIP FAIRFIELD CT

TITLE CD
NAME CALDWELL, WALTER H.
STREET ADDRESS 121 CHERRY HILL RD
CITY-ST-ZIP GREENWICH CT

TITLE VP
NAME BROWN, ROBERT
STREET ADDRESS 23 MONMOUTH AVE
CITY-ST-ZIP WEST MILFORD NJ

TITLE VP
NAME URICH, WILLIAM
STREET ADDRESS 26 CRAIGMOOR RD
CITY-ST-ZIP RIDGEFIELD CT

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

Robert T. Brown

4/20/98

CR2E034 (10/97)