

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **823610**

1. Corporation Name

UNITED DISTILLERS USA, INC.

Principal Place of Business

**6 LANDMARK SQUARE
5TH FLOOR - CONTROLLERS DEPT.
STAMFORD CT 06901
US**

Mailing Address

**6 LANDMARK SQUARE
5TH FLOOR - CONTROLLERS DEPT.
STAMFORD CT 06901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1969

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

29
Zip

30
Country

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 the current year
Intangible Personal Property. ☐ 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** ☒ DELETE
NAME **RIZZO, MICHAEL J**
STREET ADDRESS **1515 NORTHWIND RD**
CITY-ST-ZIP **LOUISVILLE KY**

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **PHILLIPS, CHARLES A.**
1.3 STREET ADDRESS **SIX LANDMARK SQUARE**
1.4 CITY-ST-ZIP **STAMFORD, CT 06901**

2.1 TITLE **SVP/SD** ☐ Change ☒ Addition
2.2 NAME **WIMBUSH, L. KEITH**
2.3 STREET ADDRESS **SIX LANDMARK SQUARE**
2.4 CITY-ST-ZIP **STAMFORD, CT 06901**

3.1 TITLE **AS/AT** ☐ Change ☒ Addition
3.2 NAME **BLEICHFELD, SAMUEL**
3.3 STREET ADDRESS **SIX LANDMARK SQUARE**
3.4 CITY-ST-ZIP **STAMFORD, CT 06901**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **SIX LANDMARK SQUARE**
4.4 CITY-ST-ZIP **STAMFORD, CT 06901**

5.1 TITLE **VP/T** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **SIX LANDMARK SQUARE**
5.4 CITY-ST-ZIP **STAMFORD, CT 06901**

6.1 TITLE ☐ Change ☐ Addition
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.

ROBERT T. BROWN

SIGNATURE: **Robert T. Brown** PRESIDENT

7/2/99

(203) 359-7100

CR2E034 (5/99)