

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823815

FILED  
Feb 17, 2012  
Secretary of State

**Entity Name:** MAJESTIC DISTILLING COMPANY INCORPORATED

**Current Principal Place of Business:**

2200 MONUMENTAL AVENUE  
BALTIMORE, MD 212274139

**New Principal Place of Business:**

**Current Mailing Address:**

803 JEFFERSON HIGHWAY  
NEW ORLEANS, LA 70121 US

**New Mailing Address:**

3850 N. CAUSEWAY BLVD  
STE 1695  
METAIRIE, LA 70002 US

**FEI Number:** 52-0576965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: CLOUD, MARGARET B  
Address: 3017 E FRIEND RD  
City-St-Zip: ANNAPOLIS, MD 21401

Title: S  
Name: BROUSSARD, KENT J  
Address: 101 IDAHO COURT  
City-St-Zip: LAPLACE, LA 60068

Title: VPSM  
Name: WYANT, STEVE  
Address: 3014 LAKECREEK DR  
City-St-Zip: HIGHLAND VILLAGE, TX 75077

Title: VPHR  
Name: THELEN, KATHY  
Address: 8907 DUXBURY RD  
City-St-Zip: LOUISVILLE, KY 40242

Title: CFO  
Name: PAPE, PAUL  
Address: 4043 WHITE BLOSSOM ESTATE CT  
City-St-Zip: LOUISVILLE, KY 40242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENT BROUSSARD

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02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date