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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STAMFORD CT 06902

KENSINGTON CT 06037

HILL SIDE COTTAGE, 243 MORELAND

STITZER, TODD H

FILED Apr 22 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # 840979 (9)CADBURY BEVERAGES INC. Mailing Address Principal Place of Business HIGH RIDGE PARK HIGH RIDGE PARK STAMFORD CT 06905 STAMFORD CT 06905 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1978 2a, Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 04-2492250 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fforida 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tire it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. res. CEO DELETE 1.1 TITLE Change Change TITLE BROOK, JOHN F titzer CR2E034 NAME 1.2 NAME Todd H. 42-OHARTER DAK DR. STREET ADDRESS 1.3 STREET ADORESS WILTON CT 06807 CITY-ST-ZIP 1.4 CiTy-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BANGS, NELSON A 2.2 NAME NAME 8144 WALNUT HILL LN STREET ADDRESS 2.3 STREET ADDRESS DALLAS TX 75231 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **HUNTLEY, CHARLES N** 3.2 NAME NAME 5 TOP O'HILL RD. STREET ADDRESS 3 3 STREET ADDRESS DARIEN CT 06820 CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition GRAY, ANTHONY M NAME 4. 2 NAME 172 JOCKEY HOLLOW RD STREET ADDRESS 4.3 STREET ADDRESS MONROE CT 06466 4.4 C(1Y - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 1111.5 TITLE **JAKUBEK, PAUL J** NAME 5.2 NAME 91 WESTWOOD RD. 5.3 STREET ADDRESS

75093 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Addition

Change

Saltzman, Michael

111. 2100