2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 852334

Entity Name: DOMECQ IMPORTERS INC.

FILED Mar 07, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 355 RIVERSIDE AVE WESTPORT, CT 06880 **Current Mailing Address: New Mailing Address:** P.O. BOX 33006 DETROIT, MI 482325006 US FEI Number: 13-3097971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition BURLEY, NICHOLAS J KENNEDY, MICHAEL V Name: Name: 355 RIVERSIDE AVE 355 RIVERSIDE AVE Address: Address: City-St-Zip: WESTPORT, CT 06880 City-St-Zip: WESTPORT, CT 06880 Title: Title: () Delete () Change () Addition Name: WOOTERS, J. MICHAEL Name: 355 RIVERSIDE AVE Address: Address: WESTPORT, CT 06880 City-St-Zip: City-St-Zip: Title: Title: CPD () Delete () Change () Addition BELLINGER, KEITH Name: Name: 355 RIVERSIDE AVE Address: Address: City-St-Zip: WESTPORT, CT 06880 City-St-Zip: Title: () Delete Title: () Change () Addition ARIZA, ANTONIO Name: Name: Address: **AVENIDA MEXICO 151** Address: City-St-Zip: COL DEL CARMEN, COYOACAN, MX City-St-Zip: Title: Title: (X) Change () Addition () Delete CREMERING, MICHAEL J CREMERING, MICHAEL J Name: Name: 2072 RIVERSIDE DRIVE EAST Address: 2072 RIVERSIDE DRIVE EAST Address: City-St-Zip: WINDSOR, ONTARIO, CA N8Y 4S5 City-St-Zip: WINDSOR, ONTARIO, ON N8Y 4S5 Title: () Delete Title: () Change () Addition JELLISON, MICHAEL Name: Name: 375 HEALDSBURG AVE Address: Address: City-St-Zip: City-St-Zip: HEALDSBURG, CA 95448

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL CREMERING AT 03/07/2002