

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90179 008 ***150.00

DOCUMENT # 854553 1. Entity Name DIAGEO NORTH AMERICA, INC.					
Principal Place of Business 801 MAIN AVENUE NORWALK, CT 06851 US			Mailing Address 801 MAIN AVENUE (ATTN. K. MONAHAN) NORWALK, CT 06851 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 06-1067908	
City & State Zip		City & State Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENEZES, IVAN 801 MAIN AVE NORWALK, CT 06851	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILLER, BRUCE 232 BREAKERS LANE STRATFORD, CT 06615	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JOHN O 2544 HUNTINGTON AVENUE ST LOUIS PARK, MN 55416	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY, JOSEPH 801 MAIN AVE NORWALK, CT 06851	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secy Monahan, Kelly 801 Main Ave. NORWALK, CT 06851	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Kelly Monahan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-9-07 203-229-7714 Date Daytime Phone #		

40060110



04052007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable