

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003565

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE PEPSI BOTTLING GROUP, INC.

Current Principal Place of Business:

1 PEPSI WAY
SOMERS, NY 10589

New Principal Place of Business:

Current Mailing Address:

1 PEPSI WAY
SOMERS, NY 10589

New Mailing Address:

FEI Number: 13-4038356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: FOSS, ERIC J
Address: 1 PEPSI WAY
City-St-Zip: SOMERS, NY 105892201

Title: VPC () Delete
Name: FORSTER, ANDREA L
Address: 1 PEPSI WAY
City-St-Zip: SOMERS, NY 105892201

Title: CFO () Delete
Name: DREWES, ALFRED H
Address: 1 PEPSI WAY
City-St-Zip: SOMERS, NY 105892201

Title: VPGC () Delete
Name: RAPP, STEVEN M
Address: 1 PEPSI WAY
City-St-Zip: SOMERS, NY 105892201

Title: VP () Delete
Name: VAN SADERS, WILLIAM
Address: 1 PEPSI WAY
City-St-Zip: SOMERS, NY 10589

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPC (X) Change () Addition
Name: LARDIERI, THOMAS M
Address: 1 PEPSI WAY
City-St-Zip: SOMERS, NY 105892201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FICHERA, MICHAEL
Address: 1 PEPSI WAY
City-St-Zip: SOMERS, NY 10589

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 FICHERA

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date