

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90002 043 ***550.00

DOCUMENT # F00000003956

1. Entity Name
CLICQUOT, INC.

Principal Place of Business

**717 FIFTH AVENUE
 NEW YORK NY 10022**

Mailing Address

**717 FIFTH AVENUE
 NEW YORK NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 68-0056653

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GUILLANO, MIRELLE**
STREET ADDRESS **717 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **SAWITSKY, WALTER M**
STREET ADDRESS **717 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FIRESTONE, LOUISE**
STREET ADDRESS **2 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☒ Delete
NAME **PASCAL, PHILIPPE** **DELETE**
STREET ADDRESS **12, RUE DU GRENIER A SEL**
CITY-ST-ZIP **51100 REIMS, FRANCE**

TITLE ☐ Change ☒ Addition
NAME **CHAIRMAN OF THE BOARD, DIRECTOR**
STREET ADDRESS **CECILE BONNEFOND**
CITY-ST-ZIP **9 BIS, RUE LALO**
PARIS, FRANCE 75116

TITLE **D** ☐ Delete
NAME **NATAF, THIERRY**
STREET ADDRESS **12, RUE DU GRENIER A SEL**
CITY-ST-ZIP **51100 REIMS, FRANCE**

TITLE ☐ Change ☒ Addition
NAME **ASST. SECRETARY**
STREET ADDRESS **ROBERT C. NYE**
CITY-ST-ZIP **11175 LAW ROAD**
MENOCINO, CALIF

TITLE **D** ☐ Delete
NAME **GUILLANO, MIRELLE**
STREET ADDRESS **717 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this report does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER M. SAWITSKY, VICE PRESIDENT, FINANCE & OPERATIONS

7/5/01 (212) 888-7575

CR2E034 (5/01)