2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000003956

1. Entity Name
CLICQUOT, INC.

Principal Place of Business
TWO PARK AVENUE
NEW YORK, NY 10016

Mailing Address
TWO PARK AVENUE
NEW YORK, NY 10016

02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	TDCE
NAME	GUILIANO, MIRELLE
STREET ADDRESS	9 PRINCETON DR.
CITY-ST-ZIP	DIX HILLS, NY 11746
TITLE	SVTD
NAME	SAWITSKY, WALTER M
STREET ADDRESS	44 TOWNLINE CT.
CITY-ST-ZIP	HAUPPAUGE, NY 11788
TITLE	S
NAME	FIRESTONE, LOUISE
STREET ADDRESS	336 CENTRAL PARK W.
CITY-ST-ZIP	NEW YORK, NY 10025
TITLE	COBD
NAME	BONNEFOND, CECILE
STREET ADDRESS	9 BIS RUE LA LO
CITY-ST-ZIP	PARIS FRANCE, 75116
TITLE	D
NAME	MONNET, GERARD
STREET ADDRESS	36 RUE LEGER BERTIN
CITY-ST-ZIP	EPERNAY FRANCE, 51200
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000476065
04/05/06-80042-009 150.00

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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: _____ 2/15/06 (20) 888-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WALTER M. SAWITSKY, SENIOR VICE PRESIDENT, FINANCE & OPERATIONS