

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90236 044 ***150.00

DOCUMENT # F01000002740



1. Entity Name
THE ABSOLUT SPIRITS COMPANY, INCORPORATED

Principal Place of Business
**1370 AVENUE OF THE AMERICAS
NEW YORK NY 10019**

Mailing Address
**1370 AVENUE OF THE AMERICAS
NEW YORK NY 10019**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-4181021**
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 32301-2525**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **2/3/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	D MAHLM, ANNELIE	1370 AVENUE OF THE AMERICAS NEW YORK NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President Carl Horton	1370 Ave of the Americas New York NY 10019
<input checked="" type="checkbox"/> Delete	D LUNDQVIST, GORAN C.O.	1370 AVENUE OF THE AMERICAS NEW YORK NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Benet Baron	1370 Ave of Americas NYC NY 10019
<input type="checkbox"/> Delete	VST MISIORSKI, MICHAEL P	1370 AVENUE OF THE AMERICAS NEW YORK NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP Jim Schleiter	1370 Ave of the Americas New York NY 10019
<input checked="" type="checkbox"/> Delete	D GEIGERICH, THOMAS W	1370 AVENUE OF THE AMERICAS NEW YORK NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP Jim Goodwin	1370 Ave of Americas New York NY 10019
<input type="checkbox"/> Delete	D PEDERSEN, HANS C.P.	1370 AVENUE OF THE AMERICAS NEW YORK NY 10019	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input checked="" type="checkbox"/> Delete	D ROMNEY, RICHARD B	1370 AVENUE OF THE AMERICAS NEW YORK NY 10019	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 **212 641-8700**
Date Daytime Phone #

CR2E034 (10/02)