## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F02000001645

Entity Name: CORTERRA WINES, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
421 AVIATION BLVD SANTA ROSA, CA 95403						
Current Mailing Address:				New Mailing Address:		
SANTA ROSA, CA 95403			421 AVIATION BLVD JILL BATES, LEGAL DEPARTMENT SANTA ROSA, CA 95403			
FEI Number: 01-0605118 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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: C T CORPORATION SYSTEM						
Electronic Signature of Registered Agent						Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
OFFICERS AND DIRECTORS.						
Title: Name: Address: City-St-Zip:	CEOD () E HARTFORD, DOI 421 AVIATION BI SANTA ROSA, CA	_VD		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	EVPD () E BRIDENDALL, JO 421 AVIATION BI SANTA ROSA, CA	_VD		Title: Name: Address: City-St-Zip:	EVP (X) TIGNER, RICK 425 AVIATION B SANTA ROSA, C	
Title: Name: Address: City-St-Zip:	SVP ()[ COMSTOCK, TYI 421 AVIATION BI SANTA ROSA, C	_VD		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SVP () [ PITLIK, EDWARI 421 AVIATION BI SANTA ROSA, CA	DJ LVD.		Title: Name: Address: City-St-Zip:	SVP (X) WESSELKAMPE 421 AVIATION B SANTA ROSA, C	BLVD.
Title: Name: Address: City-St-Zip:	ASEC ()[ WESSELKAMPE 421 AVIATION BI SANTA ROSA, CA	_VD.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	SVP () STEIN, LEONAR 421 AVIATION B SANTA ROSA, C	SOULEVARD

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: JEFF D. WESSELKAMPER SVP 04/29/2008