

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006189

FILED
Apr 29, 2009
Secretary of State

Entity Name: PEPSI-COLA ADVERTISING AND MARKETING, INC.

Current Principal Place of Business:

700 ANDERSON HILL ROAD
TAX 1/3 138
PURCHASE, NY 10577

New Principal Place of Business:

Current Mailing Address:

700 ANDERSON HILL ROAD
TAX 1/2 128
PURCHASE, NY 10577

New Mailing Address:

FEI Number: 45-0484104 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: P () Delete
Name: BEACH-HUDSON, DAWN
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

Title: D () Delete
Name: GRIFF, CHRISTINE
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

Title: VPS () Delete
Name: NURSE, BRIAN M
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

Title: VP/S () Delete
Name: THOMAS, DARRELL J
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

Title: VP () Delete
Name: MUELLER, CHARLES
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

Title: VP () Delete
Name: SALCITO, THOMAS
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUGHSTON, JOHN
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

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

Title: VP (X) Change () Addition
Name: NURSE, BRIAN M
Address: 700 ANDERSON HILL ROAD
City-St-Zip: PURCHASE, NY 10577

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

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

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

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: THOMAS D. SALCITO

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date