

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005559

FILED
Apr 12, 2005
Secretary of State

Entity Name: ALLIED DOMECCQ SPIRITS & WINE USA, INC.

Current Principal Place of Business:

355 RIVERSIDE AVENUE
WESTPORT, CT 06880

New Principal Place of Business:

Current Mailing Address:

355 RIVERSIDE AVENUE
WESTPORT, CT 06880

New Mailing Address:

FEI Number: 38-1142580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CLERKIN, JAMES
Address: 355 RIVERSIDE AVENUE
City-St-Zip: WESTPORT, CT 06880

Title: VP () Delete
Name: MCBRIDE, MAUREEN
Address: 355 RIVERSIDE AVENUE
City-St-Zip: WESTPORT, CT 06880

Title: S () Delete
Name: STANTON, DAVID M
Address: 2072 RIVERSIDE DR E
City-St-Zip: WINDSOR, ONTARIO N8Y 4S5,

Title: T () Delete
Name: CONSTANDIS, CON
Address: 355 RIVERSIDE AVENUE
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: GORMAN, HAROLD V
Address: 355 RIVERSIDE AVENUE
City-St-Zip: WESTPORT, CT 06880

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MAUREEN MCBRIDE

VP

04/12/2005

Electronic Signature of Signing Officer or Director

Date