

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007013

Entity Name: MOET HENNESSY USA, INC.

FILED
Jan 28, 2010
Secretary of State

Current Principal Place of Business:

85 TENTH AVENUE
NEW YORK, NY 10011

New Principal Place of Business:

Current Mailing Address:

85 TENTH AVENUE
NEW YORK, NY 10011

New Mailing Address:

FEI Number: 13-5371790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: CORNELL, MARK R
Address: 55 GREENE ST. - 2ND FL.
City-St-Zip: NEW YORK, NY 10013

Title: D
Name: CARPENTIER, PASCAL
Address: 19 EAST 57TH STREET - 5TH FL.
City-St-Zip: NEW YORK, NY 10022

Title: V/S
Name: KELLY, MICHAEL T
Address: 4 PARK AVENUE
City-St-Zip: CROTON ON HUDSON, NY 10520

Title: V/T
Name: DOWELL, CARL
Address: 185 E. 85TH ST.
City-St-Zip: NEW YORK, NY 10028

Title: V
Name: CLERKIN, JIM
Address: 64 CROSS HIGHWAY
City-St-Zip: WESTPORT, CT 06880

Title: D
Name: HENNESSY, GILLES
Address: 7 BIS RUE LALO
City-St-Zip: PARIS, FRANCE, FR 75016

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL T. KELLY

V

01/28/2010

Electronic Signature of Signing Officer or Director

_____ Date