

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002546

FILED
Apr 07, 2009
Secretary of State

Entity Name: PERNOD RICARD AMERICAS TRAVEL RETAIL INC.

Current Principal Place of Business:

100 MANHATTANVILLE RD.
PURCHASE, NY 10577

New Principal Place of Business:

Current Mailing Address:

100 MANHATTANVILLE RD.
PURCHASE, NY 10577

New Mailing Address:

FEI Number: 26-2741251

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: PC () Delete
Name: BARBET, ALAIN
Address: 100 MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

Title: DST () Delete
Name: LALLA, THOMAS R JR.
Address: 100 MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

Title: VD () Delete
Name: SZEMENYEI, PETER
Address: 100 MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

Title: AS () Delete
Name: MAYERS, SHARON
Address: 2072 RIVERSIDE DR. EAST
City-St-Zip: WINDSOR ON N8Y 4S5,

Title: AS () Delete
Name: MCNERNEY, CAROLYN
Address: 100 MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

Title: AT () Delete
Name: GEMMA, JOHN
Address: 100 MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: DUFFY, PAUL
Address: 100 MANHATTANVILLE RD.
City-St-Zip: PURCHASE, NY 10577

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

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

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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: SHARON MAYERS

AS

04/07/2009

Electronic Signature of Signing Officer or Director

Date