

2012 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003610

FILED
Jan 11, 2012
Secretary of State**Entity Name:** MCLANE BEVERAGE DISTRIBUTION, INC.**Current Principal Place of Business:**4747 MCLANE PARKWAY
TEMPLE, TX 76504**New Principal Place of Business:****Current Mailing Address:**PO BOX 6115
TAX DEPT.
TEMPLE, TX 765036115**New Mailing Address:****FEI Number:** 35-2343538 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O 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

OFFICERS AND DIRECTORS:**Title:** CEO
Name: ROSIER, WILLIAM G
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504**Title:** PD
Name: YOUNGBLOOD, MIKE
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504**Title:** EVPD
Name: KENT, JAMES L
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504**Title:** S
Name: MEWHINNEY, LEN
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504**Title:** AS
Name: GRAVES, DONALD R
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504**Title:** T
Name: KOCH, KEVIN J
Address: 4747 MCLANE PARKWAY
City-St-Zip: TEMPLE, TX 76504

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN J. KOCH

TREA

01/11/2012

Electronic Signature of Signing Officer or Director

Date