

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004552

FILED
Mar 16, 2009
Secretary of State

Entity Name: RED BULL DISTRIBUTION COMPANY, INC.

Current Principal Place of Business:

615 SOUTH DUPONT HWY
DOVER, DE 19901

New Principal Place of Business:

Current Mailing Address:

1424 N. MARKET BLVD., SUITE 80
SACRAMENTO, CA 95834

New Mailing Address:

FEI Number: 98-0448925 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 DR., STE. 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: D () Delete
Name: MATESCHITZ, DIETRICH
Address: 1740 STEWART STREET
City-St-Zip: SANTA MONICA, CA 90404

Title: P () Delete
Name: CHIDIAC, SELIM
Address: 1740 STEWART STREET
City-St-Zip: SANTA MONICA, CA 90404

Title: V () Delete
Name: CERAICO, ANDREA
Address: 1740 STEWART STREET
City-St-Zip: SANTA MONICA, CA 90404

Title: S () Delete
Name: KWON, PETER
Address: 1740 STEWART STREET
City-St-Zip: SANTA MONICA, CA 90404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PETER KWON

S

03/16/2009

Electronic Signature of Signing Officer or Director

_____ Date