

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004071

Entity Name: COTT BEVERAGES INC.

FILED
Apr 25, 2012
Secretary of State

Current Principal Place of Business:

5519 W. IDLEWILD AVENUE
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5519 W. IDLEWILD AVENUE
TAMPA, FL 33634

New Mailing Address:

FEI Number: 58-1947565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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: SEC
Name: POE, MARNI M
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: TRES
Name: AUSHER, JASON
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: PRES
Name: FOWDEN, JERRY
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: DIR
Name: FOWDEN, JERRY
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: DIR
Name: CRAVENS, NEAL
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

Title: VP
Name: CREAMER, MICHAEL
Address: 5519 W. IDLEWILD AVENUE
City-St-Zip: TAMPA, FL 33634

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: JERRY FOWDEN

PRES

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date