FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000745 (9)**

1. Corporation Name

ROBERT MONDAVI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 106 OAKVILLE CA 94562	P.O. BOX 106 OAKVILLE CA 94562

3. Date Incorporated or Qualified: **02/16/1994**

3a. Date of Last Report: **03/08/1995**

4. FEI Number: **68-0248575** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BOND, WILLIAM J
12018 DUNMORE COURT
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MONDAVI, R M		12 NAME	
STREET ADDRESS	5593 SILVERADO TRAIL		13 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MONDAVI, TIMOTHY J		22 NAME	
STREET ADDRESS	5645 SILVERADO TRAIL		23 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BORGER, MARCIA M		32 NAME	
STREET ADDRESS	130 EAST END AVENUE		33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		34 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ADAMS, CLIFFORD S		42 NAME	
STREET ADDRESS	1155 CAMINO VALLECITO		43 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE CA		44 CITY-ST-ZIP	
TITLE	SRV	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	EVANS, GREGORY M		52 NAME	
STREET ADDRESS	3150 BROWNS VALLEY RD.		53 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	MATTEI, PETE		62 NAME	
STREET ADDRESS	30 GOLDEN GATE CIRCLE		63 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)