

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000000745**

1. Entity Name  
**ROBERT MONDAVI INVESTMENTS, INC.**



Principal Place of Business  
**P.O. BOX 106  
OAKVILLE, CA 94562**

Mailing Address  
**P.O. BOX 106  
OAKVILLE, CA 94562**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0248575**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOND, WILLIAM J  
12018 DUNMORE COURT  
ORLANDO, FL 32821**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MONDAVI, R M
STREET ADDRESS	5593 SILVERADO TRAIL
CITY-STATE-ZIP	NAPA, CA
TITLE	D
NAME	MONDAVI, TIMOTHY J
STREET ADDRESS	5645 SILVERADO TRAIL
CITY-STATE-ZIP	NAPA, CA
TITLE	D
NAME	BORGER, MARCIA M
STREET ADDRESS	130 EAST END AVENUE
CITY-STATE-ZIP	NEW YORK, NY
TITLE	SRV
NAME	EVANS, GREGORY M
STREET ADDRESS	3150 BROWNS VALLEY RD.
CITY-STATE-ZIP	NAPA, CA
TITLE	V
NAME	MATTEI, PETE
STREET ADDRESS	30 GOLDEN GATE CIRCLE
CITY-STATE-ZIP	NAPA, CA
TITLE	V
NAME	PETERSEN, WILLIAM
STREET ADDRESS	603 ANACAPA LN
CITY-STATE-ZIP	FOSTER CITY, CA 94404

U00000006772  
01/16/04-80049-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-04 (707) 251-4551