

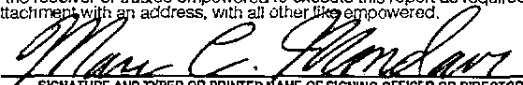


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000001776</b>				
1. Entity Name C. MONDAVI & SONS, INC.				
Principal Place of Business 2800 N MAIN ST ST. HELENA, CA 94574 US		Mailing Address P.O. BOX 191 ST. HELENA, CA 94574		
<b>DO NOT WRITE IN THIS SPACE</b>				
			01062004 No Chg-P CR2E034 (10/03)	
<b>DO NOT WRITE IN THIS SPACE</b>			4. FEI Number 94-1087246	
			Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  STARZYK, STAN 13230 SW 32ND COURT DAVIE, FL 33330			<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
Signature, typed or printed name of registered agent and title if applicable				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	PC			
NAME	MONDAVI, PETER R SR			
STREET ADDRESS	2800 MAIN STREET			
CITY- ST- ZIP	ST. HELENA, CA 94574			
TITLE	SD			
NAME	MONDAVI, MARC C			
STREET ADDRESS	2800 MAIN STREET			
CITY- ST- ZIP	ST. HELENA, CA 94574			
TITLE	TD			
NAME	MONDAVI, PETER R JR			
STREET ADDRESS	2800 MAIN STREET			
CITY- ST- ZIP	ST. HELENA, CA 94574			
TITLE	V			
NAME	FOSSEY, THOMAS A			
STREET ADDRESS	34 PAULETTA CT			
CITY- ST- ZIP	DANVILLE, CA 94526			
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY- ST- ZIP				
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.				
<b>SIGNATURE:</b> 		1-16-04 707-967-2200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		