2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 31, 2006 8:00 am Secretary of State DOCUMENT # F95000001776 03-31-2006 90018 025 ***150.00 C. MONDAVI & SONS, INC. Mailing Address Principal Place of Business P.O. BOX 191 2800 N MAIN ST 50007676 ST. HELENA, CA 94574 ST. HELENA, CA 94574 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 94-1087246 Not Applicable Zip Country \$8,75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARZYK, STAN Street Address (P.O. Box Number is Not Acceptable) 13230 SW 32ND COURT **DAVIE, FL 33330** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE I\$ \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition Delete TITLE TITLE NAME MONDAVI, PETER R SR NAME STREET ADDRESS STREET ADDRESS 2800 MAIN STREET CITY-ST-ZIP ST. HELENA, CA 94574 CITY-ST-ZIP ☐ Change ■ Addition SD ☐ Delete TITLE TITLE MONDAVI, MARC C NAME STREET ADDRESS 2800 MAIN STREET STREET ADDRESS CITY-ST-ZIP ST. HELENA, CA 94574 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MONDAVI, PETER R JR NAME STREET ADDRESS STREET ADDRESS 2800 MAIN STREET ST. HELENA, CA 94574 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete FOSSEY, THOMAS A NAME STREET ADDRESS 34 PAULETTA CT STREET ADDRESS DANVILLE, CA 94526 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trastee empowered to every family 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 that empowered.

ter Mondavi Jr. 3/13/06

FILED