

001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90001 003 ***550.00

DOCUMENT # F95000002824

1. Entity Name
PEPSI-COLA METROPOLITAN BOTTLING COMPANY INC.

Principal Place of Business

C/O PEPSI-COLA COMPANY
ONE PEPSI WAY
SOMERS NY 10589-2201

Mailing Address

C/O PEPSI-COLA COMPANY
ONE PEPSI WAY
SOMERS NY 10589-2201

80080898



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O PepsiCo, Inc
 Suite, Apt. #, etc.
700 Anderson Hill Rd

3. Mailing Address

C/O PepsiCo, Inc
 Suite, Apt. #, etc.
700 Anderson Hill Rd

City & State

Purchase, NY

City & State

Purchase, NY

4. FEI Number

13-1584303

Applied For

Not Applicable

Zip

10577

Country

Zip

10577

Country

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JUNG, CRAIG D	
STREET ADDRESS	ONE PEPSI WAY	
CITY-ST-ZIP	SOMERS NY	
TITLE	TVD	<input checked="" type="checkbox"/> Delete
NAME	BRIDGMAN, PETER A	
STREET ADDRESS	ONE PEPSI WAY	
CITY-ST-ZIP	SOMERS NY 10589-2201	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, JOHN F	
STREET ADDRESS	ONE PEPSI WAY	
CITY-ST-ZIP	SOMERS NY 10589-2201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARINEAU, PHILLIP A	
STREET ADDRESS	ONE PEPSI WAY	
CITY-ST-ZIP	SOMERS NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WANDSCHNEIDER, GARY K	
STREET ADDRESS	ONE PEPSI WAY	
CITY-ST-ZIP	SOMERS NY 10589-2201	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BELLUCCI, PATRICIA	
STREET ADDRESS	1 PEPSI WAY	
CITY-ST-ZIP	SOMERS NY 10589	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Gary M. Rodken - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 Anderson Hill Rd	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	VP Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah McGill	
STREET ADDRESS	700 Anderson Hill Rd	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerard Casey	
STREET ADDRESS	700 Anderson Hill Rd	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy W. Heaviside	
STREET ADDRESS	700 Anderson Hill Rd	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarah McGill	
STREET ADDRESS	700 Anderson Hill Road	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy W. Heaviside	
STREET ADDRESS	700 Anderson Hill Road	
CITY-ST-ZIP	Purchase, NY 10577	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sarah McGill*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/01 (914) 253-2000
 Date Daytime Phone #

CR2E034 (5/01)