2000 UNIFORM BUSINESS REPORT (UBR)

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like empowered.

Feb 07, 2000 8:00 am DOCUMENT # **F96000003360 Secretary of State** SEAGRAM ENTERPRISES, INC. 02-07-2000 90007 009 ***150 00 Principal Place of Business Mailing Address % Joseph E. Seagram & Sons. Inc. % JOSEPH E. SEAGRAM & SONS. INC. 800 THIRD AVE. ATTN: LEGAL DEPT. 800 THIRD AVE. ATTN: LEGAL DEPT. B0015292 NEW YORK NY 10022-7604 NEW YORK NY 10022 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applica Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301-2525 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. \Box . **CVS** TITLE ☐ Change ☐ Delete TITLE NAME NAME PALADINO, DANIEL R STREET ADDRESS STREET ADDRESS 375 PARK AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10152** Change ☐ Delete TITLE TITLE BUSHNELL, GEORGE E III NAME STREET ADDRESS STREET ADDRESS 800 THIRD AVE. CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10022** Change ☐ Delete TITLE TITLE NAME WELSH, NANCY E NAME STREET ADDRESS STREET ADDRESS 800 THIRD AVE. CITY-ST-ZIP CITY-ST-ZIP. NEW YORK NY 10022-7699 ☐ Change \Box . ☐ Delete TITLE TITLE NAME BRONFMAN, EDGAR JR. NAME STREET ADDRESS STREET ADDRESS 375 PARK AVE. CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10152** Change ☐ Delete VPC TITLE TITLE NAME MERGENTHALER, FRANK NAME STREET ADDRESS STREET ADDRESS 800 THIRD AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Change Π * Delete TITLE TITLE NAME PRESTON, JOHN R NAME STREET ADDRESS STREET ADDRESS 375 PARK AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10152** 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 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 displayed 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 and 12 and 12 and 13 and 14 and 15 an

(212) 572-7000 &QUIRASSt. Secretary → 1/26/2000 Daytime Phone # Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR