

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000000769**

1. Entity Name

FORTUNE BRANDS, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90072 021 ***150.00

Principal Place of Business

Mailing Address

1013 CENTRE ROAD
WILMINGTON DE 198051013 CENTRE ROAD
WILMINGTON DE 19805-1265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0865641Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	POPEO, WILLIAM G	
STREET ADDRESS	1013 CENTRE RD., STE 350	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	PELLETIER, JOHN H	
STREET ADDRESS	TWO WORLD TRADE CENTER, STE. 8746	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINN, BRUCE R	
STREET ADDRESS	1013 CENTRE RD., STE 350	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULLIGAN, LISA G	
STREET ADDRESS	1013 CENTRE RD., #350	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	FLOWERS, MARY T	
STREET ADDRESS	1013 CENTRE RD., #350	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, DANIEL R	
STREET ADDRESS	1013 CENTRE RD., #350	
CITY-ST-ZIP	WILMINGTON DE 19805	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY ANDRAS	
STREET ADDRESS	1013 CENTRE RD., SUITE 350	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kimberly Andras
KIMBERLY ANDRAS

302/636-5400