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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000769 (6)

FORTUNE BRANDS, INC.

FILED Apr 06 1998 8:00 am Secretary of State

Daytime Phone #

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| 1011101  | THE DIPTING THO   |                                 |              |                 |  |                       |                              |               |                |                                       |                              |                 |
|--|---|---------------------------------|--------------|-----------------|--|-----------------------|------------------------------|---------------|----------------|---------------------------------------|------------------------------|-----------------|
|  |   |                                 |              |                 |  |                       |                              |               |                | i <b>11</b> 111   1 <b>1111   1</b> 1 |                              |                 |
| Principal Place of Business Mailing Address    |   |                                 |              |                 |  |                       |                              |               |                |                                       |                              |                 |
| 1013 CENTRE ROAD 1013 CENTRE ROAD              |   |                                 |              |                 |  |                       |                              |               |                |                                       |                              |                 |
| WILMINGTON DE 19805 WILMINGTON DE 19805        |   |                                 |              |                 |  |                       | DO NOT WRITE IN THIS SPACE   |               |                |                                       |                              |                 |
|  |   |                                 |              |                 |  | 3. Date I             | ncorporated o                | or Qualified  |                |                                       |                              | ]               |
|  |   |                                 |              |                 |  | 02/1                  | 12/1997                      |               |                |                                       |                              |                 |
| 2. Principal Place of Business 2a. Mailing Add |   |                                 |              |                 |  |                       | 4. FEI Number Applied        |               |                |                                       |                              | _               |
| 1  |   | 26                              |              |                 |  | 86                    | - 686                        | <u> 26 41</u> |                |                                       | ot Applicable                | -               |
| Suite, Apt.                                    | #, etc.   | Suite, Apt. #, etc.             |              |                 |  | 5. Certific           | cate of Status               | Desired       |                | · · · · ·                             | Additional<br>equired        |                 |
| City & State                                   |   | City & State                    |              |                 | 6. Election Campaign Financing \$5.00 May Be |                       |                              |               |                |                                       | -                            |                 |
| 13   |   | 28                              |              |                 |  |                       | Fund Contribu                |               | Ļ              |                                       | to Fees                      | 4               |
| Zip  | Country   | Zip                             | $\vdash$     | untry           |  |                       | orporation ow                |               | -              |                                       | tangible<br>] No             |                 |
| .4   | 25 9. Name and Address of Current   | 29                              | 30           | 1               | •  |                       | nal Property T<br>and Addres |               |                |                                       |                              | -               |
|  |   | <del>-</del> -                  | _            | 81              | Name   | (U. INATITE           | GIG AGGIES                   | 3 01 11011 1  | egistered      | -gon                                  |                              | -               |
|  | RPORATION SERVICE COMPANY   |                                 |              | $\Box$          |  |                       |                              |               |                |                                       |                              | _               |
|  | )1 HAYS STREET  |                                 |              | 82              | Street Add                                   | dress (P.O. Bo        | x Number is N                | Not Accepta   | able)          |                                       |                              |                 |
| IAI  | LLAHASSEE FL 32301-2525   |                                 |              | 83              |  |                       |                              |               |                |                                       |                              | 1               |
|  |   |                                 |              |                 |  |                       |                              |               |                | <del></del> _                         | 0.1.                         | _               |
|  |   |                                 |              | 84              | City   |                       |                              |               | FL             | 85 Zip                                | Code                         |                 |
| 11. Pursuant t                                 | to the provisions of Sections 607.0502  | and 607.1508, Florida State     | utes, the a  | above           | -named cor                                   | rporation subm        | nits this staten             | nent for the  | nurnose of     | changing i                            | ts registered                | 1               |
| office or re                                   | of the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | of Florida. Such change was     | authorize    | ed by           | the corpora                                  | ation's board o       | of directors. It             | nereby acc    | ept the app    | ointment as                           | s registered                 |                 |
| SIGNATURE                                      | Signature, typed or printed name of registered agen   | t and title if applicable (NC   | TF: Register | ed Ager         | nt signature requ                            | uired when reinstatin | <u></u>                      |               | DATE           |                                       |                              |                 |
| 12.  | OFFICERS AND  |                                 | 13.          |                 |  |                       | ONS/CHANG                    | ES TO OFF     | ICERS AND      | DIRECTO                               | RS IN 12                     | CR2E034 (10/97) |
| TITLE  | PTD   | DELETE                          | 1.17         | IITLE           |  |                       |                              |               |                | Change                                | Addition                     | [2]             |
| NAME   | POPEO, WILLIAM G  |                                 | 1.2 1        | 1.2 NAME        |  |                       |                              |               |                |                                       |                              | 8               |
| STREET ADDRESS                                 | 1013 CENTRE RD., STE 350  |                                 | 1.3 5        | STREET          | ADDRESS                                      |                       |                              |               |                |                                       |                              | E C             |
| CITY-ST-ZIP                                    | WILMINGTON DE   |                                 | 1.4 (        | CITY-SI         | r-ZIP  |                       |                              |               |                |                                       |                              | 12              |
| TITLE  | VS · · · · DELETE   |                                 | 2.1 1        | 2.1 TITLE       |  |                       |                              |               |                | Change                                | Addition                     | 0               |
| NAME   | DESCANO, NANCY E  |                                 | 2.21         | NAME            |  |                       |                              |               |                |                                       |                              |                 |
| STREET ADDRESS                                 | 1013 CENTRE RD., STE 350  |                                 | 2.3 5        | STREET          | ADDRESS                                      |                       |                              |               |                |                                       |                              |                 |
| CITY-ST-ZIP                                    | WILMINGTON DE   | □ actors                        | _            | CITY-S          | T-ZIP  |                       |                              |               |                | Change                                | Addition                     | 4               |
| TITLE  | D   | ☐ DELETE                        | 3.11         |                 | į.   |                       |                              |               |                | Change                                | L Addition                   |                 |
| NAME   | WINN, BRUCE R   |                                 | - 1          | NAME            | 4000500                                      |                       |                              |               |                |                                       |                              |                 |
| STREET ADDRESS                                 | 1013 CENTRE:RD., STE 350  |                                 |              |                 | ADDRESS                                      |                       |                              |               |                |                                       |                              |                 |
| CITY-ST-ZIP                                    | WILMINGTON DE   | DELETE                          | _            | CITY-S<br>TITLE | T-ZIP  |                       | -                            |               |                | Change                                | ☐ Addition                   | -               |
| TITLE  | Lisa G. Mulliga   |                                 |              | NAME            |  |                       |                              |               |                |                                       |                              |                 |
| NAME   | 1013 centre Rdr   | +370 SCC                        |              |                 | ADDRESS                                      |                       |                              |               |                |                                       |                              |                 |
| STREET ADDRESS                                 | Wilmington De   | 19805                           |              | CITY-SI         |  |                       |                              |               |                |                                       |                              |                 |
| CITY - ST - ZIP                                |   |                                 | _            | TITLE           | 1 - 2.11                                     |                       |                              |               |                | Change                                | Addition                     | 1               |
| NAME   | Mary T. Plowers<br>1013 Center Rd,  | # 257) UP                       | 5.21         | NAME            |  |                       |                              |               |                |                                       |                              |                 |
| CADELL ADDOLCC                                 | 1013 centre Rd,   | # 350 Assty Sec                 | 2. 5.3 9     | STREET          | ADDRESS                                      |                       |                              |               |                |                                       |                              |                 |
| CITY-ST-ZIP                                    | Wilmington De<br>Daniel R. Butl<br>1013 Centre Rd, #  | 19805                           |              | CITY-ST         | - 1  |                       |                              |               |                |                                       |                              |                 |
| TITLE  | - 2   | DELETE                          |              | TITLE           |  |                       |                              |               |                | Change                                | Addition                     |                 |
| NAME .   | Daniel R. Butl  | ir D                            | 6.2          | NAME            |  |                       |                              |               |                |                                       |                              |                 |
| STREET ADDRESS                                 | 1013 Centre Rd, #   | 350                             | 6.3          | STREET          | ADDRESS                                      |                       |                              |               |                |                                       |                              |                 |
| CITY-ST-ZIP                                    | wilminston De 19  | 5805                            |              | CITY-S          |  |                       |                              |               |                | _                                     |                              | _               |
| 14. I hereby o                                 | certify that the information supplied wi<br>on this annual report or supplemental   | th this filing does not qualify | for the ex   | kempt           | tion stated in                               | in Section 119.       | 07(3)(i), Florid             | da Statutes   | . I further ce | ertify that the                       | e information<br>nat i am an |                 |
| officer or                                     | director of the corporation or the rece<br>or Block 13 if changed, or on an attac   | iver or trustee empowered t     | o execute    | this            | eport as red                                 | quired by Cha         | pter 607, Flor               | ida Statute   | s; and that    | ny name ar                            | opears in                    |                 |