

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003964

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** NEW BERN TRANSPORT CORPORATION

**Current Principal Place of Business:**

9100 MERIDIAN SQUARE, 50 EAST 91ST STREET  
SUITE 305A  
INDIANAPOLIS, IN 46240 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 PEPSI WAY  
SOMERS, NY 10589 US

**New Mailing Address:**

**FEI Number:** 35-2015991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CRAWFORD, VICTOR  
**Address:** 1 PEPSI WAY  
**City-St-Zip:** SOMERS, NY 10589

**Title:** VPD  
**Name:** DREWES, ALFRED H  
**Address:** 1 PEPSI WAY  
**City-St-Zip:** SOMERS, NY 10589

**Title:** VPSD  
**Name:** YAWMAN, DAVID  
**Address:** 1 PEPSI WAY  
**City-St-Zip:** SOMERS, NY 10589

**Title:** VPD  
**Name:** FICHERA, MICHAEL  
**Address:** 1 PEPSI WAY  
**City-St-Zip:** SOMERS, NY 10589

**Title:** VP  
**Name:** HIRSHEIMER, MATTHEW  
**Address:** 1 PEPSI WAY  
**City-St-Zip:** SOMERS, NY 10589

**Title:** VPT  
**Name:** NEWMAN, BRIAN  
**Address:** 1 PEPSI WAY  
**City-St-Zip:** SOMERS, NY 10589

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL FICHERA

VPD

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date