FILED

Feb 04, 2003 8:00 am

Secretary of State

02-04-2003 90089 021 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F99000002289

1. Entity Name

DANONE WATERS OF NORTH AMERICA, INC.



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Principal Place of Business Mailing Address 33001329 3280 EAST FOOTHILL BLVD 3280 EAST FOOTHILL BLVD PASADENA CA 91107 PASADENA CA 91107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 06-1447795 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANONE WATERS OF N. AMERICA Street Address (P.O. Box Number is Not Acceptable) 7100 NE COUNTRY RD 340 HIGH SPRINGS FL 32655 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **⊠** Delete TITLE President Change Addition NAME NAME **BIBREY, JOHN** Pascal Billieres 3280 e 700HILLI BIVO. STREET ADDRESS STREET ADDRESS 3280 E FOOTHILL BLVD CITY-ST-ZIP CITY-ST-ZIP Pasadena CA 91107 PASADENA CA 91107 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME CRITTENDEN, BRYAN STREET ADDRESS STREET ADDRESS 3280 E FOOTHILL BLVD CITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91107 TITLE Delete TITLE Change Addition **VPF** NAME PYGIN, CYNTHIA STREET ADDRESS STREET ADDRESS 3280 E FOOTHILL BLVD CITY-ST-ZIP CITY-ST-ZIP PASADENA CA 91107 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(10/02)CR2E034

Daytime Phone #

SIGNATURE: