

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002509**1. Entity Name
MOLSON USA, LLC

Principal Place of Business 2350 FRANKLIN RD., STE. 230 BLOOMFIELD MI 48302	Mailing Address 2350 FRANKLIN RD., STE. 230 BLOOMFIELD MI 48302
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2. Principal Place of Business 1658 COLE BLVD. Suite, Apt. #, etc. BLDG. 6, SUITE 100 City & State GOLDEN CO	3. Mailing Address PO BOX 4030 Suite, Apt. #, etc. MAIL STOP NH311 City & State GOLDEN CO
Zip 80401	Country

4. FEI Number
52-2266130
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RAX CO. 50 N. LAURA ST., STE. 3300 JACKSONVILLE FL 32202 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE **09/06/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMMONDS AINSIE JANE 749 RUGBY RD. BRYN MAWR PA 19010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMMONDS AINSIE JANE 1658 COLE BLVD., BLDG. 6, SUITE 100 GOLDEN CO 80401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIGUERE MARIE 1321 SHERBROOK ST. WEST, APT. F21 CANADA H3G 1J4 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERKINS DAVE 1658 COLE BLVD., BLDG. 6, SUITE 100 GOLDEN CO 80401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN MAELE DAVID 2350 FRANKLIN RD., STE. 230 BLOOMFIELD MI 48302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULMONE VITO 1658 COLE BLVD., BLDG. 6, SUITE 100 GOLDEN CO 80401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Dave Perkins** MGR 09/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)