

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000563

Entity Name: PERNOD RICARD USA, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

100 MANHATTANVILLE RD
PURCHASE, NY 10577

New Principal Place of Business:

Current Mailing Address:

100 MANHATTANVILLE RD
PURCHASE, NY 10577

New Mailing Address:

FEI Number: 52-2318616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BARBET, ALAIN
Address: 100 MANHATTANVILLE RD
City-St-Zip: PURCHASE, NY 10577

Title: CFO () Delete
Name: SZEMENYEI, PETER
Address: 100 MANHATTANVILLE RD
City-St-Zip: PURCHASE, NY 10577

Title: S () Delete
Name: LALLA, THOMAS R JR
Address: 100 MANHATTANVILLE RD
City-St-Zip: PURCHASE, NY 10577

Title: C (X) Delete
Name: BORD, MICHEL
Address: 1250 WEST RENE LEVEQUE BLVD
City-St-Zip: MONTREAL, QC H3B 4W8 CA

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DUFFY, PAUL
Address: 100 MANHATTANVILLE RD
City-St-Zip: PURCHASE, NY 10577

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON MAYERS

AS

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date