

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013642 AF

**DOCUMENT # M97000000657**  
 1. Entity Name  
**MOLSON USA, LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB -9 AM 9:43

Principal Place of Business Mailing Address  
 1606 WASHINGTON PLAZA 1606 WASHINGTON PLAZA  
 RESTON VA 20190 RESTON VA 20190-4303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **54-1866297** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	MGRM MILLER BREWING COMPANY 3939 WEST HIGHLAND BLVD. MILWAUKEE WI 53201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003140152-3 Addition -02/21/00--01013--019 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTLET IMPORTING CO. INC. 3939 WEST HIGHLAND BLVD. MILWAUKEE WI 53201 <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	MGRM RATHON CORP. 40 KING STREET WEST, STE 3600 TORONTO, ONTARIO, CANADA <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	MGRM FOSTER'S BREWING GROUP (U.S.A.) LIMITED 175 BLOOR STREET EAST, STE 706 TORONTO, ONTARIO CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>mja 2/16/00</i>
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: *[Signature]* **MICHAEL T. JONES, Assistant Secretary**  
**SIGNATURE REQUIRED OF MILLER BREWING COMPANY** 1/21/00 414/931-2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)