

2001 UNIFORM BUSINESS REPORT (UBR)

0027143 AF

DOCUMENT # M97000000657

1. Entity Name

~~MOLSON USA, LLO~~
FOSTER'S USA, LLC

RECEIVED

FILED

01 FEB -6 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1606 WASHINGTON PLAZA
RESTON VA 20190

Mailing Address

1606 WASHINGTON PLAZA
RESTON VA 20190

JAN 11 2001

Legal Department



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1866297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003678981--5
-02/14/01--01010--014
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTLET IMPORTING CO. INC.
3939 WEST HIGHLAND BLVD.
MILWAUKEE WI 53201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RATHON CORP.
40 KING STREET WEST, STE 3600
TORONTO, ONTARIO, CANADA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MICHAEL T. JONES, Vice President

1/18/01

414/931-2000

Date

Daytime Phone #

CR2E083 (11/00)