2001 UNIFORM BUSINESS REPORT (UB	R
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DOCUMENT # M97000000657  1. Entity Name										1 6		l		
MOLSON USA, LLO FOSTER'S USA, LLC			RECEIVED					FILED OIFEB-6 AM 7:35						
Principal Place of Business Mailing Ad				g AddressJAN 11 2001					,	_				
1606 WASHINGTON PLAZA RESTON VA 20190			1606 WASHINGTON IPLATA RESTON VA 2000 Department					SECRETARY OF STATE TALLAHASSEE, FLORIDA						
								Ш						
2. Principal F	Place of Busine	3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State			City & State					El Nu	54~186629	7			oplied For ot Applicable	
Zip		Country	Zip		Count	try	<b>5.</b> C	ertific	ate of Status Desired			5.00 Add		
	6. Name a	and Address of Current F	legistered Agent			Name	7. N	ame :	and Address of New I	tegiste	red Ag	ent		7
C T COR	PORATION S	YSTEM					ee (PO Bo	v Nu	mber is Not Acceptable				<del></del>	1
1200 SOL	JTH PINE ISI	AND ROAD				Ollogi Addie	33 (1.0. 00		Tibel la Not Acceptable					-
PLANTATI	ION FL 3332	4	•			City			•	<u></u> ,		Zip Cod		$\frac{1}{4}$
8 The shove	named entity	submits this statement for	the purpose of cha	angino its rec	nistere		stered ane	nt or	both, in the State of Fi		FL		<del></del>	-
o. The above	riamed chity	Submits this statement for	are purpose or one	mgmg na rot	3101010	a omçe or regio	stored age	111, 01	boar, in the otate or , ,	orida.				
SIGNATURE .	Signature, typed or	printed name of registered agent an	d title if applicable.	(NOTE: Re	gistered	Agent signature requ	uired when rein	nstating	)		ATE			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State														
9.	<del></del>	MANAGING MEMBEI	RS/MEMBERS		10.				ADDITIONS	/CHAN	IGES			1
TITLE	MGRM	7.41.0 001.01.07	□ De	elete	TITLE	l l						Change	Addition	] §
NAME STREET ADDRESS		EWING COMPANY HIGHLAND BLVD.				T ADDRESS		L	1000030 02/14-	> (° /01-	-010	<b>≅ 1</b> − )10−−(	)14	
CITY-ST-ZIP		E WI 53201		alato.	CITY-	ST-ZIP			****	0.0		<b>非非本字</b> ☐ Change	Addition	
NAME	MGRM   Martlet	MPORTING CO. INC.	LJ DE	elete	NAME	:					_	_1 Onlange		1
STREET ADDRESS CITY-ST-ZIP	3939 WEST MILWAUKE	HIGHLAND BLVD. F WI 53201				ET ADDRESS ST-ZIP								1
TITLE	MGRM-		⊠ De	elete	TITLE	i i	··					Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP		<del>orp.</del> <del>'reet west, ste 360</del> <del>'Ontario, canada'</del>	<b>8</b> -			ET ADDRESS ST-ZIP								
TITLE	MGRM		☐ De	elete	TITLE			,			C	Change	☐ Addition	1
NAME STREET ADDRESS		Brewing Group (U.S 1 Street East, Ste 7			4	T ADDRESS					,			
CITY-ST-ZIP	TORONTO,	ONTARIO CANADA			CITY-	ST-ZIP	<del></del>					Change	☐ Addition	1
NAME :			<b>ι</b> υ	siele J	NAME						L	_1 onange	Addition	
STREET ADTIGESS CITY-ST-ZIP					-	T ADDRESS ST-ZIP								
TITLE NAME			☐ De	lete	TITLE				<u> </u>	_		Change	Addition	1
STREET ADDRESS			)	l	NAME STREE	T ADDRESS								
CITY-ST-ZIP	ertify that the	nformation supplied with the	his filing loop not	7		ST-ZIP	Section 11	10.07	(3)(i) Florida Statutas	l furtha	r certifi	that the	nformation	
11. Thereby certify that the information supplied with this filling 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 true ee empowered to execute this report as required by Chapter 608, Florida Statutes.  WICHAEL T. JONES, Vice President  SIGNATURE:  **SIGNATURE**  **SIGNATURE**  **TOTALEL T. BREWING COMPANY 1/18/01 414/931-2000														
SIGNAT	URE:	SIGA AT			_			IY Tes	1/18/01		414/	931-2	000	
_	SIGNATURE AN	TYPED OR PRINTED NAME OF	SIGNING MANAGING ME	MBER, MANAGI	ER, OR A	WTHORIZED REPRI	ESENTATIVE		Date		Daytin	me Phone #		