## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2002 8:00 am s Secretary of State DOCUMENT # M9700000657 1. Entity Name 02-28-2002 90042 035 \*\*\*\*50.00 FOSTER'S USA, LLC Principal Place of Business Mailing Address 11921 FREEDOM DRIVE, SUITE 550 11921 FREEDOM DRIVE. SUITE 550 RESTON VA 20190 RESTON VA 20190 825066 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 54-1866297 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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. DATE 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 Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition MGRM TITLE TITLE ☐ Delete NAME MILLER BREWING COMPANY NAME STREET ADDRESS STREET ADDRESS 3939 WEST HIGHLAND BLVD. CITY-ST-ZIP CITY-ST-ZIP **MILWAUKEE WI 53201** MGRM ☐ Delete TITLE Change ☐ Addition TITLE MARTLET IMPORTING CO. INC. NAME NAME STREET ADDRESS STREET ADDRESS 3939 WEST HIGHLAND BLVD. CITY-ST-ZIP CITY-ST-ZIP **MILWAUKEE WI 53201** □ Change ☐ Addition **MGRM** TITLE TITLÉ Delete NAME NAME RATHON-CORP. STREET ADDRESS STREET ADORESS 40 KING STREET WEST, STE 3600-CITY-ST-7IP CITY-ST-ZIP TORONTO, ONTARIO, CANADA Change Addition TITLE MGRM ☐ Delete TITLE FOSTER'S BREWING GROUP (U.S.A.) LIMITED NAME NAME STREET ADDRESS STREET ADDRESS 175 BLOOR STREET EAST, STE 706 CITY-ST-ZIP CITY-ST-ZIP TORONTO, ONTARIO CANADA ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling depends quality 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 trusteelempowered to execute this report as required by Chapter 608, Florida Statutes.

SGNATURE RECEMPLED BREWING COMPANY SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/02

MICHAEL T. JONÉS, Senior Vice President

414/931-2000

**FILED**