



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P12531 1. Entity Name HEINEKEN USA INCORPORATED					
Principal Place of Business 360 HAMILTON AVE. 1103 WHITE PLAINS, NY 10601			Mailing Address 360 HAMILTON AVE. 1103 WHITE PLAINS, NY 10601		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 13-1539933	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN DER MINE, FRANS 44 HUSTED LN GREENWICH, CT 06830	<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	T ITALIANER, RODOLPH 1 DALPHIN DR RYE, NY 10580	<input checked="" type="checkbox"/> Delete	T SULLIVAN, DANIEL J 307 COVENTRY LANE FAIRFIELD, CT 06824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEARNO, T. DANIEL 260 NORTH STREET HARRISON, NY 10520	<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	S KINCH, JULIE M 8024 KIDWELL HILL COURT VIENNA, VA 22182	<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	DC RUYS, ANTHONY 32 KILMER ROAD LARCHMONT, NY 10538	<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	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like, empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9-9-05 Daytime Phone # 914-681-4100		

FILED

05 SEP 22 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Robins SEP 22 2005

09082005 Chg-P CR2E034 (10/03)

4. FEI Number
13-1539933

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	VAN DER MINE, FRANS	
STREET ADDRESS	44 HUSTED LN	
CITY-ST-ZIP	GREENWICH, CT 06830	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ITALIANER, RODOLPH	
STREET ADDRESS	1 DALPHIN DR	
CITY-ST-ZIP	RYE, NY 10580	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TEARNO, T. DANIEL	
STREET ADDRESS	260 NORTH STREET	
CITY-ST-ZIP	HARRISON, NY 10520	
TITLE	S	<input type="checkbox"/> Delete
NAME	KINCH, JULIE M	
STREET ADDRESS	8024 KIDWELL HILL COURT	
CITY-ST-ZIP	VIENNA, VA 22182	
TITLE	DC	<input type="checkbox"/> Delete
NAME	RUYS, ANTHONY	
STREET ADDRESS	32 KILMER ROAD	
CITY-ST-ZIP	LARCHMONT, NY 10538	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DANIEL J	
STREET ADDRESS	307 COVENTRY LANE	
CITY-ST-ZIP	FAIRFIELD, CT 06824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-9-05** Daytime Phone # **914-681-4100**