

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16355

FILED
Mar 07, 2006
Secretary of State

Entity Name: BROWN-FORMAN CORPORATION

Current Principal Place of Business:

C/O MARTI TEWELL
850 DIXIE HIGHWAY, P.O. BOX 1080
LOUISVILLE, KY 402011080

New Principal Place of Business:

C/O MARTI TEWELL
850 DIXIE HIGHWAY
LOUISVILLE, KY 40210

Current Mailing Address:

C/O MARTI TEWELL
850 DIXIE HIGHWAY, P.O. BOX 1080
LOUISVILLE, KY 402011080

New Mailing Address:

C/O MARTI TEWELL
P.O. BOX 1080
LOUISVILLE, KY 402011080

FEI Number: 61-0143150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PERRY, LARRY W
Address: 850 DIXIE HWY
City-St-Zip: LOUISVILLE, KY 40210

Title: T () Delete
Name: PARENTE, MEREDITH M.
Address: 850 DIXIE HWY
City-St-Zip: LOUISVILLE, KY 40210

Title: SVP () Delete
Name: CRUTCHER, MICHAEL B
Address: 850 DIXIE HWY
City-St-Zip: LOUISVILLE, KY 40210

Title: D () Delete
Name: BROWN, GEORGE G III
Address: 1960 6TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: BROWN, OWSLEY II
Address: 850 DIXIE HWY
City-St-Zip: LOUISVILLE, KY 40210

Title: D () Delete
Name: O'NEIL, STEPHEN E.,
Address: 955 PARK AVE
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: PARENTE, MEREDITH M.
Address: 850 DIXIE HWY
City-St-Zip: LOUISVILLE, KY 40210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY W PERRY

VP

03/07/2006

Electronic Signature of Signing Officer or Director

Date