

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90010 046 ***150.00

DOCUMENT # P16610

1. Corporation Name

SUNTORY WATER GROUP, INC.

Principal Place of Business

2141 POWERS FERRY RD
MARIETTA GA 30067
US

Mailing Address

2141 POWERS FERRY RD
MARIETTA GA 30067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1987

4. FEI Number

31-1156888

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HERSH, HARRY | |
| STREET ADDRESS | 2141 POWERS FERRY RD | |
| CITY-ST-ZIP | MARIETTA GA | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | O'SHEA, DONALD | |
| STREET ADDRESS | 2141 POWERS FERRY RD | |
| CITY-ST-ZIP | MARIETTA GA | |
| TITLE | TSD | <input type="checkbox"/> DELETE |
| NAME | NISHII, TAKASHI | |
| STREET ADDRESS | 12 E 49TH ST 29TH F | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TANIYAMA, YASURO | |
| STREET ADDRESS | 12 E 49TH ST 29TH F | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OIWA, HITOFUMI | |
| STREET ADDRESS | 1-2-3 MOTOAKASAKA | |
| CITY-ST-ZIP | MINATO-KU TOKYO JA 10784 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | President/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | David A. Krishack | |
| 1.3 STREET ADDRESS | 2141 Powers Ferry Rd. | |
| 1.4 CITY-ST-ZIP | Marietta, GA 30067 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Jun Tanaka | |
| 2.3 STREET ADDRESS | 2141 Powers Ferry Rd. | |
| 2.4 CITY-ST-ZIP | Marietta, GA 30067 | |
| 3.1 TITLE | Treasurer/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Hitofumi Ohiwa | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | SEC/CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Thomas E. Van Aubere | |
| 6.3 STREET ADDRESS | 2141 Powers Ferry Rd. | |
| 6.4 CITY-ST-ZIP | Marietta, GA 30067 | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Van Aubere

Date

3/26/99 (770) 933-1400

Daytime Phone #

CR2E034 (11/98)