

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16610

1. Entity Name

SUNTORY WATER GROUP, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90010 008 ***150.00

Principal Place of Business

Mailing Address

2141 POWERS FERRY RD
MARIETTA GA 30067
US

2141 POWERS FERRY RD
MARIETTA GA 30328-5826
US

2. Principal Place of Business

3. Mailing Address

5660 New Northside Dr.

5660 New Northside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

Suite 500

City & State

City & State

Atlanta, GA

Atlanta, GA

Zip

Country

Zip

Country

30328

USA

30328

USA

4. FEI Number 31-1156888

Applied For

Not Applicable

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KRISHOCK, DAVID A
STREET ADDRESS 2141 POWERS FERRY RD
CITY-ST-ZIP MARIETTA GA 30067

TITLE ☒ Change ☐ Addition
NAME 5660 New Northside Dr., Suite 500
STREET ADDRESS Atlanta, GA 30328
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME TANAKA, JUN
STREET ADDRESS 2141 POWERS FERRY RD
CITY-ST-ZIP MARIETTA GA 30067

TITLE ☒ Change ☐ Addition
NAME 5660 New Northside Dr., Suite 500
STREET ADDRESS Atlanta, GA 30328
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME NISHII, TAKASHI
STREET ADDRESS 12 E 49TH ST 29TH F
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TANIYAMA, YASURO
STREET ADDRESS 12 E 49TH ST 29TH F
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OHIWA, HITOFOMI
STREET ADDRESS 1-2-3 MOTOAKASAKA
CITY-ST-ZIP MINATO-KU TOKYO JA 10784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SCFO ☒ Delete
NAME VAN AUTRENE, THOMAS E
STREET ADDRESS 2141 POWERS FERRY RD
CITY-ST-ZIP MARIETTA GA 30067

TITLE ☐ Change ☒ Addition
NAME Sec/CFO
STREET ADDRESS Rick Puckett
CITY-ST-ZIP 5660 New Northside Dr., Suite 500
Atlanta, GA 30328

13. 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 11 or Block 12 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

4/14/00

(770) 933-1400

Date

Daytime Phone #

CR2E034 (9/99)