


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90022 035 ***150.00

DOCUMENT # P16825 1. Entity Name DUCKHORN WINE COMPANY					
Principal Place of Business 1000 LODI LANE ST. HELENA, CA 94574 US			Mailing Address PO BOX 7838 SANTA ROSA, CA 95407 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 160 Wikiup Drive, Suite 206 Santa Rosa, CA 95403			
Suite, Apt. #, etc.		City & State			
Zip		Country		Zip	
Country		Country USA			
6. Name and Address of Current Registered Agent PREMIER BEVERAGE 8221 EAGLE PALM DR RIVER VIEW, FL 33509			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOG RYAN, ALEX 2220 PALMER DR ST HELENA, CA 94574 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 1053 MOUNT GEORGE AVE. NAPA, CA 94558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DUCKHORN, MARGARET 516 MEADOWOOD LANE ST. HELENA, CA 94574 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORPORATE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAUREEN CALLAHAN 29 VANESSA COURT NAPA, CA 94558	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAMAN, NORMAN 1 INDIAN CK ISL VILLAGE OF INDIAN CREEK, FL 33154 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOCK HOLDER <input type="checkbox"/> Change <input type="checkbox"/> Addition HERITAGE WINE, LLC 2180 SANDHILL ROAD, SUITE 210 MENLO PARK, CA 94025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DUCKHORN, DANIEL J 1885 CABERNET LN ST. HELENA, CA 94574 <input checked="" 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	CFO DEMERRITT, DOUG 2132 W LINCOLN NAPA, CA 94558 <input checked="" 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	VP PRZYBYLINSKI, PETE 1184 HUDSON STREET ST HELENA, CA 94574 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALES & MARKETING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> Ila Halstead 3/4/08 (707) 284-2828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					