

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

**FILED**  
**Feb 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P21957 (6)**

1. Corporation Name  
**LOUIS M. MARTINI, INC.**



Principal Place of Business <b>PO BOX 112                  ST. HELENA CA 94574</b>	Mailing Address <b>PO BOX 112                  ST. HELENA CA 94574</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/02/1988</b>	
21	22	26	27	4. FEI Number <b>94-1081077</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	24	28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINI, LOUIS P.			1.2 NAME		SEE ATTACHED	
STREET ADDRESS	2585 SULPHUR SPRINGS RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. HELENA CA			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINI, CAROLYN A.			2.2 NAME			
STREET ADDRESS	3450 CHILES POPE VALLEY RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST HELENA CA			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINI, MICHAEL R.			3.2 NAME			
STREET ADDRESS	4319 AZALEA SPRINGS WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	CALISTOGA CA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINI, PETER L.			4.2 NAME			
STREET ADDRESS	254 SO ST HELENA HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. HELENA CA			4.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINI, PATRICIA M.			5.2 NAME			
STREET ADDRESS	#2 5TH AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANGIOLINA, MARTINIA A.			6.2 NAME			
STREET ADDRESS	8712 DON CAROL DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	EL CERRITO CA			6.4 CITY-ST-ZIP			

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.

CR2E034 (10/97)



# LOUIS M MARTINI

Directors & Officers  
of  
Louis M. Martini

## OFFICERS

- Chairman of the Board:** Louis P. Martini  
2585 Sulphur Springs Rd., St. Helena, CA 94574  
DOB: 12/20/18 Livermore, CA  
SSN: 559-20-7582
- President:** Carolyn A. Martini  
3450 Chiles Pope Valley Rd., St. Helena, CA 94574  
DOB: 12/15/47 St. Helena, CA  
SSN: 572-68-1573
- Vice President/Prod:** Michael R. Martini  
4319 Azalea Springs Way, Calistoga, CA 94515  
DOB: 11/07/49 St. Helena, CA  
SSN: 572-68-1574
- Vice President/Vynd:** Michael J. Shuey  
1690 Sylvaner St., St. Helena, CA 94574  
DOB: 12/13/46 Woodland, CA  
SSN: 558-74-5187
- Vice President/Marketing:** Robert Matheny  
2801 Columbar Ct. St. Helena, CA 94574  
DOB: 09/17/44 Oakland, CA  
SSN: 657-84-9388
- Secretary/Asst. CFO:** Christopher Cordano  
1391 Mountain View Ave., St. Helena, CA 94574  
DOB: 03/14/59 Oakland, CA  
SSN: 552-84-0620
- CFO:** Patricia M. Martini  
#2 5th Avenue  
San Francisco, CA 94118  
DOB: 02/07/53 St. Helena, CA  
SSN: 573-70-7737

## DIRECTORS

- |                     |               |  |
|---------------------|---------------|--|
| Louis P. Martini    | Same As Above | Elizabeth J. Martini                           |
| Carolyn A. Martini  | Same As Above | 2585 Sulphur Springs Rd., St. Helena, CA 94574 |
| Michael R. Martini  | Same As Above | DOB: 12/29/19 Santa Rosa, CA                   |
| Patricia M. Martini | Same As Above | SSN: 572-48-5422                               |
|                     |               | Peter L. Martini                               |
|                     |               | P.O. Box 24027                                 |
|                     |               | Federal Way, WA 98003                          |
|                     |               | DOB: 07/09/51 St. Helena, CA                   |
|                     |               | SSN: 573-70-7738                               |

