2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2005 8:00 am Secretary of State

DOCUMENT # P21980 1. Entity Name PWG VINTNERS USA, INC.								07-25-2005 90108 007 ***150					0.00	
Principal Place of Business 2700 NAPA VALLEY CORPORATE DRIVE NAPA, CA 94558 US				Mailing Address 2700 NAPA VALLEY CORPORATE DRIVE NAPA, CA 94558 US										
2. Principal Place of Business				3. Mailing Address										
	VITE	: A		Suite, Apt. #, etc.				07182005	Chg	I-P	CR2E0	34 (10/03)		
City & State				City & State				4. FEI Numbe 94-311					plied For t Applicable	
Zip		Country		Zip	Coun	itry		5. Certificate	of Status	Desired		\$8.75 Add		
	6. Name	and Address of Curre	nt Regis	stered Agent	l			7. Name and	Address	of New F		•	<u></u>	
CT CORPO	ORATION	SYSTEM				Name								
C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324							Street Address (P.O. Box Number is Not Accept				e)			
						City					FL	Zip Cod	9	
		ty submits this statement stered agent.	for the p	ourpose of changing its	register	ed office or	register	ed agent, or bo	th, in the	State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURE_														
<u> </u>	Signature, typed	d or printed name of registered ago	ent and little	il applicable. (NO1	E: Registere	d Agent signatu	re required	when reinstating)			DATE			
		ii FEE IS \$150.00 ptember 7, 2005		9. Election Campa Trust Fund Con		ncing		.00 May Be ed to Fees	In according	ordance v ation did	with s. 607. not receive	.193(2)(b), e the prior r	F.S., the notice.	
10.		· OFFICERS AN	ID DIRE	_	11.		(K) 02	ADDITIONS						
TITLE NAME	P/C GAY, JOHN W P/C			Delete fills			200	ECTOR, P	\ _	7128 DE VIL		Change	Addition	
STREET ADORESS CITY-ST-ZIP						EET ADORESS -ST-ZIP		9460		122 8	y WRF	PORT	EDR Sur	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 NAPA VALLEY CORPORATE DRIVE					E Me Eet address '- St- Zip	ST	ECTOR EPHEN DNAPA HARA	VALLE CH	15 M 100 (E 1740)	LINTO IRP D	□ Change	BAddition シバモ料	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				, unit	1- 11	,		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	Addition	
indicated of the cor changed	on this report rporation or or on an a	ne information supplied vont or suppliemental reporting trustee en tachment with an address	t is true	and accurate and that	rity signa	iture shall h	ave the	same legal effe	ct as if ma es; and th	ide under at my nam i	oath; that I a	am an officer n Block 10 o	or director r Block 11 if	
SIGNAT	UNE:	SIGNATURE AND TYPED	A PRINTE	D NAME OF SIGNING OFFICE	OR DIREC	тоя			Date		0	aytıme Phone #		