FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 10 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22502** **(9)**

1. Corporation Name
CHALONE INCORPORATED

Principal Place of Business	Mailing Address
621 AIRPARK ROAD NAPA CA 94558 US	621 AIRPARK ROAD NAPA CA 94558 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/30/1968**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **94-1696731** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANBORN, DENNIS
931 N. PENNSYLVANIA AVENUE
WINTER PARK FL 32789

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAFF, RICHARD H.	1.2 NAME		
STREET ADDRESS	621 AIRPARK ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPA CA	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	WOODWARD, W. PHILIP	2.2 NAME		
STREET ADDRESS	621 AIRPARK ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPA CA	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	FAWCELL, F. CONGER	3.2 NAME		
STREET ADDRESS	~~101 LARKSPUR LANDING CIR #321~~	3.3 STREET ADDRESS	621 Airpark Road	
CITY-ST-ZIP	~~LARKSPUR CA~~	3.4 CITY-ST-ZIP	Napa, CA 94558	
TITLE	TV	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, WILLIAM L.	4.2 NAME		
STREET ADDRESS	621 AIRPARK RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPA CA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCQUOWN, JOHN A.	5.2 NAME		
STREET ADDRESS	774 MARIN DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MILL VALLEY CA 94941	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAMLICH, C RICHARD	6.2 NAME		
STREET ADDRESS	235 MONTGOMERY ST #1025	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted with an address.

SIGNATURE: William L. Hamilton 4/10/95 707-254-4226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403219 FP