FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P22724 (9)

1. Corporation Name
CLICQUOT, INC.

Principal Place of Business
717 FIFTH AVENUE
NEW YORK NY 10022

Mailing Address
717 FIFTH AVENUE
NEW YORK NY 10022

3. Date Incorporated or Qualified: 01/18/1989
3a. Date of Last Report: 10/10/1995
4. FEI Number: 13-2582854 ☐ 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

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

9. Name and Address of Current Registered Agent

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

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	YVES PAUL BENARD	
STREET ADDRESS	6, RUE DOM PERIGNON	
CITY-ST-ZIP	51200 EPERNAY, FRANCE	
TITLE	S	☐ DELETE
NAME	ANNA HAYES LEVIN	
STREET ADDRESS	30 WEST 60TH STREET	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	~~TD~~	☐ DELETE
NAME	SAWITSKY, WALTER	
STREET ADDRESS	44 TOWNLINE COURT	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	CCEO	☐ DELETE
NAME	PASCAL, PHILIPPE	
STREET ADDRESS	2, RUE DU GRENIER A SEL	
CITY-ST-ZIP	51100 REIMS, FRANCE	
TITLE	P	☐ DELETE
NAME	GUILIANO, MIREILLE	
STREET ADDRESS	9 PRINCETON DRIVE	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT, FIN. & OPS.	☑ Change OF TITLE ONLY ☐ Addition
3.2 NAME	SAWITSKY, WALTER	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	000001858790	☐ Change ☐ Addition
5.2 NAME	-06/11/96--01157--045	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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.

SIGNATURE: [signature] 4/30/96 (212)888-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER SAWITSKY, VICE PRESIDENT FINANCE & OPERATIONS

CR2E034 (12/95)