

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90104 046 ***150.00

DOCUMENT # P22724

1. Entity Name

CLICQUOT, INC.

Principal Place of Business

Mailing Address

**FIFTH AVENUE
 .. YORK NY 10022**

**717 FIFTH AVENUE
 NEW YORK NY 10022-8101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-005653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YVES PAUL BENARD	
STREET ADDRESS	6, RUE DOM PERIGNON	
CITY-ST-ZIP	51200 EPERNAY, FRANCE	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANNA HAYES LEVIN	
STREET ADDRESS	30 WEST 60TH STREET	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	SAWITSKY, WALTER	
STREET ADDRESS	44 TOWNLINE COURT	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	C	<input type="checkbox"/> Delete
NAME	PASCAL, PHILIPPE	
STREET ADDRESS	2, RUE DU GRENIER A SEL	
CITY-ST-ZIP	51100 REIMS, FRANCE	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	GUILIANO, MIREILLE	
STREET ADDRESS	9 PRINCETON DRIVE	
CITY-ST-ZIP	DIX HILLS NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIERRY NATAF	
STREET ADDRESS	19, RUE AUGUSTE VACQUERIE	
CITY-ST-ZIP	PARIS, FRANCE 75116	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE FIRESTONE	
STREET ADDRESS	336 CENTRAL PARK WEST	
CITY-ST-ZIP	NEW YORK, NEW YORK 10025	
TITLE	VICE PRESIDENT, FINANCE & OPERATIONS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWITSKY, WALTER	
STREET ADDRESS	ADDRESS IS THE SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT, CEO, & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILIANO, MIREILLE	
STREET ADDRESS	ADDRESS IS THE SAME	
CITY-ST-ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT C. NYE	
STREET ADDRESS	11175 LAW ROAD	
CITY-ST-ZIP	MENDOCINO, CALIFORNIA	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WALTER M.
 SAWITSKY**

Date

4/27/2000 (212) 888-7575

Daytime Phone #

CR2E034 (9/99)