

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

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25278** (3)

1. Corporation Name
J.E. SEAGRAM CORP.

Principal Place of Business
**800 THIRD AVE.
NEW YORK NY 10022-7601**

Mailing Address
**800 THIRD AVE.
NEW YORK NY 10022-7604**



3. Date Incorporated or Qualified
07/24/1989

3a. Date of Last Report
02/21/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-2361785		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	SEVD	1.1 TITLE	Vice President/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANNER, STEPHEN E	1.2 NAME	Edward F. Falkenberg
STREET ADDRESS	375 PARK AVE	1.3 STREET ADDRESS	800 Third Avenue
CITY-ST-ZIP	NEW YORK NY 10152	1.4 CITY-ST-ZIP	New York, New York 10022
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALADINO, DANIEL R	2.2 NAME	
STREET ADDRESS	375 PARK AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMBUSSO, ANN M	3.2 NAME	
STREET ADDRESS	800 THIRD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSWALD, JEANANNE K	4.2 NAME	
STREET ADDRESS	375 PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10152	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSCEMI, PAUL	5.2 NAME	
STREET ADDRESS	800 THIRD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP	
TITLE	PCEO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONFMAN, JR. EDGAR	6.2 NAME	
STREET ADDRESS	375 PARK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Ann M Giambusso* Asst. Secretary 1/17/97 212-572-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)