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 # **P30348** **(7)**

1. Corporation Name
ROBERT MONDAVI WINERY, INC.

Principal Place of Business
ATTN: JOE DI VINCENZO
7801 ST. HELENA HWY.
OAKVILLE CA 94562

Mailing Address
ATTN: JOE DI VINCENZO
7801 ST. HELENA HWY.
OAKVILLE CA 94562

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

3. Date Incorporated or Qualified: **07/30/1990**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **94-1628339** ☐ 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

BOND, WILLIAM J.
12018 DUNMORE COURT
ORLANDO FL 32821

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 607.1505, 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 of new registered agent if changing) (Name of Registered Agent typed or printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, GREGORY M		1.2 NAME	
STREET ADDRESS	3150 BROWNS VALLEY RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		1.4 CITY-ST-ZIP	
TITLE	SRV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MATTEI, PETE		2.2 NAME	
STREET ADDRESS	30 GOLDEN GATE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		2.4 CITY-ST-ZIP	
TITLE	SRV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHNUR, ALAN E.		3.2 NAME	
STREET ADDRESS	29 DIAS DORADOS		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORINDA CA		3.4 CITY-ST-ZIP	
TITLE	SRV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BEYER, MICHAEL K		4.2 NAME	
STREET ADDRESS	3248 BRODERICK		4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		4.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ADRIANCE, JOHN A		5.2 NAME	
STREET ADDRESS	1776 PARTRICK RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GARASSINO, RAYMOND L. JR		6.2 NAME	
STREET ADDRESS	175 MUND ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: R. Mondavi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Mondavi, Chairman
Date Daytime Phone #