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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified

07/30/1990

3a. Date of Last Report

03/05/1996

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

94-1628339

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 607.1508, 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

TITLE SVP ☐ DELETE

NAME EVANS, GREGORY M
STREET ADDRESS 3150 BROWNS VALLEY RD
CITY-ST-ZIP NAPA CA

TITLE SRV ☐ DELETE

NAME MATTEI, PETE
STREET ADDRESS 30 GOLDEN GATE CIRCLE
CITY-ST-ZIP NAPA CA

TITLE SRV ☐ DELETE

NAME SCHNUR, ALAN E.
STREET ADDRESS 29 DIAS DORADOS
CITY-ST-ZIP ORINDA CA

TITLE SRV ☐ DELETE

NAME BEYER, MICHAEL K
STREET ADDRESS 3248 BRODERICK
CITY-ST-ZIP SAN FRANCISCO CA

TITLE C ☒ DELETE

NAME ADRIANCE, JOHN A
STREET ADDRESS 1776 PARTRICK RD
CITY-ST-ZIP NAPA CA

TITLE T ☐ DELETE

NAME GARASSINO, RAYMOND L. JR
STREET ADDRESS 175 MUND ROAD
CITY-ST-ZIP ST. HELENA CA

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 ☐ Change ☐ Addition

3.2 NAME

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-97

(707)226-1345

0528288

CR2E034 (9/96)