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Secretary of State

02-19-1999 90090 029 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30348

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1990

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. 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 T ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

Date

(707) 251-4842

Daytime Phone #

CR2E034 (11/98)

0584692