


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90047 011 \*\*\*158.75

<b>DOCUMENT # P30348</b>	
1. Entity Name <b>ROBERT MONDAVI WINERY, INC.</b>	

Principal Place of Business <b>ATTN: JOE DI VINCENZO 7801 ST. HELENA HWY. OAKVILLE, CA 94562</b>	Mailing Address <b>ATTN: JOE DI VINCENZO 7801 ST. HELENA HWY. OAKVILLE, CA 94562</b>
---	---

2. Principal Place of Business <b>7801 St. Helena Highway</b>	3. Mailing Address <b>P.O. Box 106</b>
Suite, Apt. #, etc. <b>Attn: William Petersen</b>	Suite, Apt. #, etc. <b>Attn: William Petersen</b>
City & State <b>Oakville, CA</b>	City & State <b>Oakville, CA</b>
Zip <b>94562</b>	Country <b>USA</b>



01072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>94-1628339</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BOND, WILLIAM J. 12018 DUNMORE COURT ORLANDO, FL 32821</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, GREGORY M 3150 BROWNS VALLEY RD NAPA, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV MATTEI, PETE 30 GOLDEN GATE CIRCLE NAPA, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV BEYER, MICHAEL K 3248 BRODERICK SAN FRANCISCO, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GARASSINO, RAYMOND L. JR 175 MUND ROAD ST. HELENA, CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, WILLIAM 603 ANACAPA LANE SAN MATEO, CA 94404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **William Petersen, VP Assoc. Gen. Counsel** 1-7-04 (707) 251-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #