

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P30886</b> 1. Entity Name <b>COCA-COLA ENTERPRISES INC</b>	
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2. Principal Place of Business <b>2500 WINDY RIDGE PARKWAY</b> Suite, Apt. #, etc. <b>C/O CCE TAX DEPT.</b>	3. Mailing Address <b>PO BOX 723040</b> Suite, Apt. #, etc. <b>C/O CCE TAX DEPT.</b>
City & State <b>ATLANTA</b>	City & State <b>ATLANTA</b>
Zip <b>GA</b>	Zip <b>GA</b>
Country <b>30339</b>	Country <b>31139-0040</b>

4. FEI Number <b>580503352</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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7. Name and Address of Current Registered Agent	
Name <b>CORPORATION SERVICE COMPANY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>	
City <b>Tallahassee</b>	State <b>FL</b>
Zip Code <b>32301</b>	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State.</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE	P/COO/D	TITLE	
NAME	ALM, JOHN R	NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	COLE, JOHNETTA B	NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	OLIVER, H LYNN	NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	V/T	TITLE	
NAME	PALMER, VICKY R	NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	SV/CFO	TITLE	
NAME	MANNELLY, PATRICK J	NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	V/S	TITLE	
NAME	BISHOP, E LISTON III	NAME	
STREET ADDRESS	2500 WINDY RIDGE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Terri L. Purcell* **TERRI L. PURCELL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/18/03** (770) 989-3010

CR2E034B (12/02)