FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:57

DOCUMENT # P39465 (0)

1. Corporation Name
ROBERT MONDAVI AFFILIATES INC.

Principal Place of Business	Mailing Address
POST OFFIC EBOX 106 OAKVILLE CA 94562	POST OFFIC EBOX 106 OAKVILLE CA 94562

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 68-0248574 ☐ 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 CT.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SRV	1.1 TITLE	SRV ☐ Change ☒ Addition
NAME	MATTEI, PETER	1.2 NAME	SCHNUR, ALAN E.
STREET ADDRESS	30 GOLDEN GATE CIRCLE	1.3 STREET ADDRESS	29 DIAS DORADOS
CITY-ST-ZIP	NAPA CA	1.4 CITY-ST-ZIP	ORINDA, CA 94563
TITLE	SRV	2.1 TITLE	☒ Change ☐ Addition
NAME	TURRINI, STEPHEN R	2.2 NAME	TURRINI, STEPHEN R.
STREET ADDRESS	5 VIDA DESCANSADA	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORINDA CA	2.4 CITY-ST-ZIP	NO LONGER WITH THE COMPANY
TITLE	C	3.1 TITLE	SRV ☐ Change ☒ Addition
NAME	ADRIANCE, JOHN A	3.2 NAME	JOHNSON, MARTIN C.
STREET ADDRESS	1776 PARTRICK ROAD	3.3 STREET ADDRESS	3567 HUNTERS CIRCLE
CITY-ST-ZIP	NAPA CA	3.4 CITY-ST-ZIP	NAPA, CA 94558
TITLE	SRV	4.1 TITLE	SRV ☐ Change ☒ Addition
NAME	BEYER, MICHAEL K	4.2 NAME	CLARK, MITCHELL J.
STREET ADDRESS	3248 BRODERICK	4.3 STREET ADDRESS	201 BRIARIDGE COURT
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	PLEASANT HILL, CA 94523
TITLE	EVP	5.1 TITLE	SRV ☒ Change ☐ Addition
NAME	EVANS, GREGORY M.	5.2 NAME	EVANS, GREGORY M.
STREET ADDRESS	3150 BROWNS VALLEY RD.	5.3 STREET ADDRESS	3150 BROWNS VALLEY RD.
CITY-ST-ZIP	NAPA CA	5.4 CITY-ST-ZIP	NAPA, CA 94558
TITLE	AST	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	

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.L. Garassino — 2/2/95 — 707/226-1395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R.L. Garassino, Jr. - Treasurer

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