FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90362 048 ***158.75

DOCUMENT # P39465

1. Entity Name
Robert Mondavi Affiliates, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
7801 St. Helena Hwy.	P.O. Box 106
Suite, Apt. #, etc. Attn: Joe DiVincenzo	Suite, Apt. #, etc. Attn: Joe DiVincenzo
City & State Oakville, CA	City & State Oakville, CA
Zip 94562 Country USA	Zip 94562 Country USA

4. FEI Number 68-0248574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William J. Bond

Street Address (P.O. Box Number is Not Acceptable): 12018 Dunmore Ct.

City: Orlando **FL** Zip Code: 32821

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Evans, Gregory M.	NAME	
STREET ADDRESS	3150 Browns Valley Rd.	STREET ADDRESS	
CITY-ST-ZIP	Napa, CA 94558	CITY-ST-ZIP	
TITLE	AST	TITLE	
NAME	Garassino, Raymond L., Jr.	NAME	
STREET ADDRESS	175 Mund Road	STREET ADDRESS	
CITY-ST-ZIP	St. Helena, CA 94574	CITY-ST-ZIP	
TITLE	DC	TITLE	
NAME	Mondavi, R. Michael	NAME	
STREET ADDRESS	5593 Silverado Trail	STREET ADDRESS	
CITY-ST-ZIP	Napa, CA 94558	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	DC	TITLE	
NAME	Mondavi, Timothy J.	NAME	
STREET ADDRESS	5645 Silverado Trail	STREET ADDRESS	**IN THIS SPACE**
CITY-ST-ZIP	Napa, CA 94558	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Mondavi-Borger, Marcia	NAME	
STREET ADDRESS	130 East End Ave.	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10028	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/22/02 (707) 251-4842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #