2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: ABSOLUT SPIRITS USA, LLC

Current Principal Place of Business:

250 PARK AVENUE
17TH FLOOR
NEW YORK, NY 10177

Current Mailing Address:

PERNOD RICARD USA LEGAL DEPARTMENT
250 PARK AVENUE
NEW YORK, NY 10177 US

FEI Number: 27-2762466

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	HAKOF, DARRYN
Address	ARSTAANGSVAGEN 19A
City-State-Zip:	STOCKHOLM SE-11-7 97

Title	MGR
Name	LJUNGHOLM, LARS R
Address	ARSTAANGSVAGEN 19A
City-State-Zip:	STOCKHOLM 11797

Title	ASST. SECRETARY
Name	MCNERNEY, CAROLYN
Address	PERNOD RICARD USA LEGAL DEPARTMENT 100 MANHATTANVILLE ROAD
City-State-Zip:	PURCHASE NY 10577

Title	MGR
Name	MAHLM, ANNELIE
Address	ARSTAANGSVAGEN 19A
City-State-Zip:	STOCKHOLM SE SE-11-7 97

Title	ASST. SECRETARY
Name	MAYERS, SHARON
Address	2072 RIVERSIDE DRIVE EAST
City-State-Zip:	WINDSOR ONTARIO N8Y 4S5

Title	ASST. TREASURER
Name	ZALEWSKI, STEVEN
Address	PERNOD RICARD USA 100 MANHATTANVILLE ROAD
City-State-Zip:	PURCHASE NY 10577

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON MAYERS ASSISTANT SECRETARY 04/02/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date