

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003610

Entity Name: MCLANE BEVERAGE DISTRIBUTION, INC.**Current Principal Place of Business:**4747 MCLANE PARKWAY
TEMPLE, TX 76504**Current Mailing Address:**PO BOX 6115
TAX DEPT.
TEMPLE, TX 76503-6115**FEI Number: 35-2343538****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	CEOD
Name	ROSIER, WILLIAM G
Address	4747 MCLANE PARKWAY
City-State-Zip:	TEMPLE TX 76504

Title	PD
Name	YOUNGBLOOD, MIKE
Address	4747 MCLANE PARKWAY
City-State-Zip:	TEMPLE TX 76504

Title	EVPD
Name	KENT, JAMES L
Address	4747 MCLANE PARKWAY
City-State-Zip:	TEMPLE TX 76504

Title	T
Name	KOCH, KEVIN J
Address	4747 MCLANE PARKWAY
City-State-Zip:	TEMPLE TX 76504

Title	SECRETARY
Name	PARSONS, LARRY M
Address	4747 MCLANE PARKWAY
City-State-Zip:	TEMPLE TX 76504

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN J KOCH**TREASURER****03/10/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date