

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004071

Entity Name: COTT BEVERAGES INC.**Current Principal Place of Business:**5519 W. IDLEWILD AVENUE
TAMPA, FL 33634**Current Mailing Address:**5519 W. IDLEWILD AVENUE
TAMPA, FL 33634**FEI Number:** 58-1947565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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 SEC
Name POE, MARNI M
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title PRES
Name FOWDEN, JERRY
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title DIR
Name WELLS, JAY
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title VP
Name REIS, WILLIAM
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title TRES
Name AUSHER, JASON
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title DIR
Name FOWDEN, JERRY
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title VP
Name CREAMER, MICHAEL
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

Title VP
Name LEITER, GREGORY
Address 5519 W. IDLEWILD AVENUE
City-State-Zip: TAMPA FL 33634

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: JERRY FOWDEN

PRESIDENT

04/25/2014

Electronic Signature of Signing Officer/Director Detail_____
Date