

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14011

Entity Name: CONSTELLATION BRANDS, INC.**Current Principal Place of Business:**207 HIGH POINT DRIVE
BUILDING 100
VICTOR, NY 14564**Current Mailing Address:**207 HIGH POINT DRIVE
BUILDING 100
VICTOR, NY 14564 US**FEI Number:** 16-0716709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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	C/D
Name	SANDS, RICHARD
Address	207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip:	VICTOR NY 14564

Title	EOPD
Name	SANDS, ROBERT S
Address	207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip:	VICTOR NY 14564

Title	CFO
Name	RYDER, ROBERT
Address	207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip:	VICTOR NY 14564

Title	VPAS
Name	LAVERDI, BARBARA J
Address	207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip:	VICTOR NY 14564

Title	SVP
Name	HUMPHREY, PERRY R
Address	207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip:	VICTOR NY 14564

Title	SVPS
Name	SORCE, DAVID S
Address	207 HIGH POINT DRIVE, BUILDING 100
City-State-Zip:	VICTOR NY 14564

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: BARBARA J. LAVERDI

VPAS

04/02/2014

Electronic Signature of Signing Officer/Director Detail_____
Date