

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840979 (9)

1. Corporation Name
CADBURY BEVERAGES INC.



Principal Place of Business HIGH RIDGE PARK STAMFORD CT 06905	Mailing Address HIGH RIDGE PARK STAMFORD CT 06905
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1978	
4. FEI Number 04-2492250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE Pres. CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOK, JOHN F		1.2 NAME Stitzer, Todd H.	
STREET ADDRESS 42 CHARTER OAK DR.		1.3 STREET ADDRESS 6467 Lakewood	
CITY-ST-ZIP WILTON CT 06897		1.4 CITY-ST-ZIP Dallas TX 75230	
TITLE SVPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BANGS, NELSON A		2.2 NAME	
STREET ADDRESS 8144 WALNUT HILL LN		2.3 STREET ADDRESS	
CITY-ST-ZIP DALLAS TX 75231		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTLEY, CHARLES N		3.2 NAME	
STREET ADDRESS 5 TOP O'HILL RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP DARIEN CT 06820		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAY, ANTHONY M		4.2 NAME	
STREET ADDRESS 172 JOCKEY HOLLOW RD		4.3 STREET ADDRESS	
CITY-ST-ZIP MONROE CT 06466		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAKUBEK, PAUL J		5.2 NAME	
STREET ADDRESS 91 WESTWOOD RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP STAMFORD CT 06902		5.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE Sr. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STITZER, TODD H		6.2 NAME Saltzman, Michael	
STREET ADDRESS HILL SIDE COTTAGE, 245 MORELAND		6.3 STREET ADDRESS 5601 Kelley Lane	
CITY-ST-ZIP KENSINGTON CT 06037		6.4 CITY-ST-ZIP Plano, TX 75093	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ Michael Saltzman, 022 122 2000

CR2E034 (10/97)