2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003694

Entity Name: LABATT BREWING COMPANY LIMITED

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
207 QUEEI	N'S QUAY WE	EST					
SUITE 299 TORONTO), CA M5J 1A	7 OC					
Current Ma	ailing Addres	ss:	New Ma	New Mailing Address:			
207 QUEEI	N'S QUAY WE	EST					
SUITE 299							
FEI Number:	52-1937275	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desire	d (X)	
Name and	Address of C	Current Registered Agent:	Name a	nd Address of	New Registered Agent:		
1200 SOUT	ORATION SY TH PINE ISLA ON, FL 33324	ND ROAD					
	named entity of Florida.	submits this statement for the	e purpose of changin	g its registered	office or registered agent,	or both,	
SIGNATUR	RE:						
	Electron	nic Signature of Registered A	gent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITIO	ONS/CHANGE	S TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	HUNT, KEITH C 207 QUEEN'S		Title: Name: Address: City-St-Zi _l		() Change () Addition		
Title: Name: Address: City-St-Zip:	PAIVA, BERNA 207) Delete RDO P Y WEST, ON M5J1A7 CA	Title: Name: Address: City-St-Zi _l	PENDEGRAF 207 QUEEN'S	(X) Change ()Addition T, JAMES P S QUAY WEST N M5J1A7 CA		
Title: Name: Address: City-St-Zip:	WALTER, HEN	QUAY WEST STE 299	Title: Name: Address: City-St-Zi _l		() Change () Addition		
Title: Name: Address: City-St-Zip:	RABKIN, SUSA 303 RICHMON		Title: Name: Address: City-St-Zi _l	RABKIN, SUS 303 RICHMO			
Title: Name: Address: City-St-Zip:	QUEIROZ, ODI 207 QUEEN'S		Title: Name: Address: City-St-Zi _l		()Change ()Addition		
Title: Name: Address: City-St-Zip:	SULLIVAN, KAI 207 QUEEN'S) Delete RYN U QUAY WEST STE 299 I, CA M5J 1A7 CA	Title: Name: Address: City-St-Zi _l	SULLIVAN, K 207 QUEEN'S	(X) Change ()Addition ARYN U S QUAY WEST STE 299 DN, CA M5J1A7 CA		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARYN SULLIVAN AS 01/15/2009