

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Nestle Waters North America Inc.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>         4701 COX ROAD, SUITE 285<br/>         GLEN ALLEN, VA</b> | DUE DATE: <b>6/30/2014</b><br><br>SCC ID NO: <b>F1142571</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 1,000   |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   |   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>DE</b>  |   |       |            |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 900 LONG RIDGE ROAD<br>BUILDING #2<br><br>CITY/ST/ZIP: STAMFORD, CT 06902 |
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|--|---|--|
| NAME: WILLIAM J. PEARSON<br>TITLE: VP/CFO<br>ADDRESS: 900 LONG RIDGE ROAD<br>BUILDING #2<br>CITY/ST/ZIP/CO: STAMFORD, CT 06902 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: CHARLES D. BROLL<br>TITLE: SECRETARY<br>ADDRESS: 900 LONG RIDGE ROAD<br>BUILDING #2<br>CITY/ST/ZIP/CO: STAMFORD, CT 06902 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: DAVID DICKSON<br>TITLE: ASST TREASURER<br>ADDRESS: 900 LONG RIDGE ROAD<br>BUILDING #2<br>CITY/ST/ZIP/CO: STAMFORD, CT 06902 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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|--|----------------------------------|--|
| NAME: KIM E. JEFFERY<br>TITLE: DIRECTOR<br>ADDRESS: 900 LONG RIDGE ROAD<br>BUILDING #2<br>CITY/ST/ZIP/CO: STAMFORD, CT 06902 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|  |                                     |           |
|--|-------------------------------------|-----------|
| /s/ DAVID DICKSON                                      | DAVID DICKSON, ASST<br>TREASURER    | 5/13/2014 |
| SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE<br>TITLE | DATE      |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.