

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213532924

1.) CORPORATION NAME:

Coca-Cola Refreshments USA, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1238593**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 COCA-COLA PLAZA

CITY/ST/ZIP: ATLANTA, GA 30313

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.

NAME: H. GLEN WALTER OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 1 COCA-COLA PLAZA
 CITY/ST/ZIP/CO: ATLANTA, GA 30313

NAME: WILLIAM D HAWKINS III OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1 COCA-COLA PLAZA
 CITY/ST/ZIP/CO: ATLANTA, GA 30313

NAME: MARIE D QUINTERO-JOHNSON OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1 COCA-COLA PLAZA
 CITY/ST/ZIP/CO: ATLANTA, GA 30313

NAME: C. BEN GARREN, JR. OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1 COCA-COLA PLAZA
 CITY/ST/ZIP/CO: ATLANTA, GA 30313

NAME: CAROLYN J JACKSON OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1 COCA-COLA PLAZA
 CITY/ST/ZIP/CO: ATLANTA, GA 30313

NAME: CHRISTOPHER P NOLAN OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1 COCA-COLA PLAZA
 CITY/ST/ZIP/CO: ATLANTA, GA 30313

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS DUANE STILL VICE PRESIDENT 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE H GHIZ, JR. ASST TREASURER 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM A JOHNSON ASST TREASURER 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN L LOCKRIDGE ASST TREASURER 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON PETREY ASST TREASURER 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLORIA K BOWDEN SECRETARY 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY N WALLER DIRECTOR 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FIONA K LYNCH ASST SECRETARY 1 COCA-COLA PLAZA ATLANTA, GA 30313	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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/ WILLIAM A JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM A JOHNSON, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	7/16/2013 DATE
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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.