

1.) CORPORATION NAME:

**Bacardi U.S.A., Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1269143**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 1,500,000  |
| PREFB  | 75,000     |

4.) STATE OR COUNTRY OF INCORPORATION:  
**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2701 LE JEUNE ROAD

CITY/ST/ZIP: CORAL GABLES, FL 33134

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.

|   |   |  |
|---|---|--|
| <p>NAME: ROBERT FURNISS-ROE<br/>TITLE: PRESIDENT<br/>ADDRESS: 5396 SW 80 Street<br/>CITY/ST/ZIP/CO: Miami, FL 33143</p>                         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: DEREK HOPKINS<br/>TITLE: SR VP SALES<br/>ADDRESS: 1451 SOUTH MIAMI AVENUE<br/>#2507<br/>CITY/ST/ZIP/CO: MIAMI, FL 33130</p>            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: JUAN ROVIRA<br/>TITLE: SR VP/CMO<br/>ADDRESS: 5801 RIVIERA DRIVE<br/>CITY/ST/ZIP/CO: CORAL GABLES, FL 33146</p>                        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: Roberto Carlos del Rosal Fanjul<br/>TITLE: Sr. VP, CFO<br/>ADDRESS: 1425 Alberca Street<br/>CITY/ST/ZIP/CO: Coral Gables, FL 33134</p> | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: Marlene M Gordon<br/>TITLE: VP, Gen Counsel<br/>ADDRESS: 18510 SW 39 Street<br/>CITY/ST/ZIP/CO: Miramar, FL 33029</p>                  | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: Martin C Voke<br/>TITLE: SECRETARY<br/>ADDRESS: 18298 SW 24 Street<br/>CITY/ST/ZIP/CO: Miramar, FL 33029</p>                           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: Julie Hendrix<br>TITLE: ASST SECRETARY<br>ADDRESS: 5895 SW 100 Terrace<br>CITY/ST/ZIP/CO: Miami, FL 33156 | <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/ Martin CVoke                                    | Martin CVoke,                    | 12/3/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE 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.