

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213530103

1.) CORPORATION NAME:

SAZERAC COMPANY, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1567710**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

LA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3850 N. CAUSEWAY BLVD
STE 1695

CITY/ST/ZIP: METAIRIE, LA 70002

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:	MARK L BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1201 MAPLE LANE		
CITY/ST/ZIP/CO:	ANCHORAGE, KY 40223		

NAME:	KATHY S THELEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP HUM RES		
ADDRESS:	8907 DUXBURY RD		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40242		

NAME:	STEVEN WYANT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP SALES MARKTG		
ADDRESS:	3014 LAKECREEK DRIVE		
CITY/ST/ZIP/CO:	HIGHLAND VILLAGE, TX 75077		

NAME:	KENT J BROUSSARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	101 IDAHO CT		
CITY/ST/ZIP/CO:	LA PLACE, LA 70068		

NAME:	PAUL PAPE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	4043 WHITE BLOSSOM ESTATES CT		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40241		

NAME:	WILLIAM GOLDRING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN OTB		
ADDRESS:	5101 ST CHARLES AVE		
CITY/ST/ZIP/CO:	NEW ORLEANS, LA 70115		

NAME:	PAUL FINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	524 METAIRIE ROAD		
CITY/ST/ZIP/CO:	METAIRIE, LA 70005		

NAME:	JEFFREY GOLDRING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	524 METAIRIE ROAD		
CITY/ST/ZIP/CO:	METAIRIE, LA 70005		

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/ KENT J BROUSSARD	KENT J BROUSSARD, S/T	6/27/2013
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.