

1.) CORPORATION NAME:

**SAZERAC COMPANY, INC.**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1567710**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

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.

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

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

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

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM GOLDRING	
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	5/11/2015
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.