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The New Registered Office: (Must be an <u>Oregon</u>	3)	Address For Mailing Notices: 1 Pepsi Way, c/o Tax Dept. Mail Drop 5N-10
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OORATION System THE NEW REGISTERED OFFICE: (Must be an <u>Oregon</u>	5)	
THE NEW REGISTERED OFFICE: (Must be an <u>Oregon</u>		THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTME
	7)	THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.
388 State Street, Suite 420	8)	
DR 97301	•	The entity has been notified in writing of this change.
Officers Nat	ME AI	ND ADDRESSES
(Name and Address)	10)	SECRETARY: (Name and Address)
rawford		David Yawman
Way		1 Pepsi Way
Somers, NY, 10589		Somers, NY 10589
ure, I declare as an authorized authority, that this filing has complete. Making false statements in this document is agai	s beer inst tl	n examined by me and is, to the best of my knowledge and belief, true, ne law and may be penalized by fines, imprisonment or both.
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11/5/10		
	(An officer must sign.) ure, I declare as an authorized authority, that this filing has complete. Making false statements in this document is aga	rawford Way NY, 10589 (An officer must sign.) sure, I declare as an authorized authority, that this filing has been complete. Making false statements in this document is against the Authority false statements in the false statement is against the Authority false statement is against the false statement is against the Authority false statement is against the false state

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