



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 136223		2. Name of Corporation Red Bull North America, Inc.			
3. Street Address Principal Business Office 2525 COLORADO AVE #320			City Santa Monica	State CA	Zip 90404
4. Business Phone No 310-460-5680		5. State of Incorporation CALIFORNIA		6. SIC Code 422400	
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING NON-ALCOHOLIC BEVERAGES ON A WHOLESALE AND RETAIL LEVEL					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel Ginsberg			Vice President Name		
Street Address 2525 Colorado Ave #320			Street Address		
City Santa Monica	State CA	Zip 90404	City	State	Zip
Secretary Name Gary Smith			Treasurer Name An De Vought		
Street Address 2525 Colorado Ave #320			Street Address 2525 Colorado Ave #320		
City Santa Monica	State CA	Zip 90404	City Santa Monica	State CA	Zip 90404
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dietrich Mateschitz			Director Name		
Street Address 2525 Colorado Ave #320			Street Address		
City Santa Monica	State CA	Zip 90404	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			500	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



136223

FILED

File Date MAY 09 2005
Check No. 5272
By [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/23/05

Print or Type Name of Officer William Nicely

Title of Officer Tax Director

DAN GINSBERG
President
5/6/05



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 136223		2. Name of Corporation Red Bull North America, Inc.		
3. Street Address Principal Business Office 2525 Colorado AVE #320		City Santa Monica	State CA	Zip 90404
4. Business Phone No 310-960-5680		5. State of Incorporation CALIFORNIA		6. SIC 5812
7. Brief Description of the Character of Business Conducted in Rhode Island SELLING NON-ALCOHOLIC BEVERAGES ON A WHOLESALE AND RETAIL LEVEL				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Daniel Ginsberg		Vice President Name		
Street Address 2525 Colorado AVE STE 320		Street Address		
City Santa Monica	State CA	Zip 90404	City	State
Secretary Name Gary P Smith		Treasurer Name An De Vooght		
Street Address 2525 Colorado AVE STE 320		Street Address 2525 Colorado AVE #320		
City Santa Monica	State CA	Zip 90404	City Santa Monica	State CA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Dietrich Mateschitz		Director Name		
Street Address 2525 Colorado AVE #320		Street Address		
City Santa Monica	State CA	Zip 90404	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
500 COMM NO PAR VALUE			500	COMM
				NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 6 2 2 3 *

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: An De Vooght Date: 2/20/04
Print or Type Name of Officer: Treasurer
Title of Officer: _____