

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 20, 2009  
Secretary of State**

DOCUMENT# F08000002224

Entity Name: RENEGADE TOBACCO COMPANY, INC.

**Current Principal Place of Business:**

321 FARMINGTON RD  
MOCKSVILLE, NC 27028

**New Principal Place of Business:**

**Current Mailing Address:**

321 FARMINGTON RD  
MOCKSVILLE, NC 27028

**New Mailing Address:**

FEI Number: 56-2130706      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PHELPS, CALVIN A  
Address: 321 FARMINGTON RD  
City-St-Zip: MOCKSVILLE, NC 27028

Title: S ( ) Delete  
Name: FLYNT, C. DWAYNE  
Address: 321 FARMINGTON RD  
City-St-Zip: MOCKSVILLE, NC 27028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PHELPS, CALVIN  
Address: 321 FARMINGTON RD  
City-St-Zip: MOCKSVILLE, NC 27028

Title: VP ( ) Change (X) Addition  
Name: MEBANE, WILLIAM M  
Address: 321 FARMINGTON ROAD  
City-St-Zip: MOCKSVILLE, NC 27028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN A. PHELPS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/20/2009

\_\_\_\_\_  
Date