

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003925

**Entity Name:** COMMONWEALTH - ALTADIS, INC.

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC6298990808**

**Current Principal Place of Business:**

5900 NORTH ANDREWS AVENUE  
SUITE 1100  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

5900 NORTH ANDREWS AVENUE  
SUITE 1100  
FT. LAUDERDALE, FL 33309 US

**FEI Number: 45-3478079**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY, VICE  
PRESIDENT LEGAL & CORP. AFFAIRS  
Name WILKEY, ROB  
Address 714 GREEN VALLEY ROAD  
City-State-Zip: GREENSBORO NC 27408

Title DIRECTOR, PRESIDENT  
Name TAYLOR, DAVID  
Address 714 GREEN VALLEY ROAD  
City-State-Zip: GREENSBORO NC 27408

Title VP  
Name FRANZ, ALBERT  
Address 714 GREEN VALLEY ROAD  
City-State-Zip: GREENSBORO NC 27408

Title VP  
Name GREER, DUANE  
Address 2601 TAMPA EAST BLVD.  
City-State-Zip: TAMPA FL 33619

Title CFO  
Name COLL, PABLO  
Address 5900 NORTH ANDREWS AVENUE  
SUITE 1100  
City-State-Zip: FT. LAUDERDALE FL 33309

Title VP, CONTROLLER  
Name SOLIDAY, RAYMOND  
Address 714 GREEN VALLEY RD.  
City-State-Zip: GREENSBORO NC 27408

Title VP  
Name WALTON, RHONDETTA  
Address 5900 NORTH ANDREWS AVENUE  
SUITE 1100  
City-State-Zip: FT. LAUDERDALE FL 33309

Title VP  
Name GEBHARD, ROGER  
Address 714 GREEN VALLEY RD.  
City-State-Zip: GREENSBORO NC 27408

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROB WILKEY**

**SECRETARY**

**04/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date