2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# 807119

Entity Name: FLUE-CURED TOBACCO COOPERATIVE STABILIZATION CORPORATION

Current Principal Place of Business:

STABILIZATION CORPORATION
1304 ANNAPOLIS DRIVE, BOX 12300
RALEIGH, NC 27605

New Principal Place of Business:

Current Mailing Address:

STABILIZATION CORPORATION
1304 ANNAPOLIS DRIVE, BOX 12300
RALEIGH, NC 27605

New Mailing Address:

FEI Number: 56-0484598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DASHER, KENNETH
8763 CR 252
LIVE OAK, FL 32060 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:	V	( ) Delete
Name:	PATE, JAMES C	
Address:	P.O. BOX 1059	
City-St-Zip:	ROWLAND, NC 28383	
Title:	VPD	( ) Delete
Name:	DELOACH, LAMAR	
Address:	167 WESTSIDE RD	
City-St-Zip:	STATESBORO, GA 30458	
Title:	T	( ) Delete
Name:	KENNETH, BOPP M	
Address:	1304 ANNAPOLIS DR	
City-St-Zip:	RALEIGH, NC 27608	
Title:	VPD	( ) Delete
Name:	DASHER, KENNETH	
Address:	RT 3, BOX 320	
City-St-Zip:	LIVE OAK, FL	
Title:	VPD	( ) Delete
Name:	SHEPHERD, ANDREW Q	
Address:	RT 4, BOX 210	
City-St-Zip:	BLACKSTONE, VA	
Title:	P	( ) Delete
Name:	JOHNSON, ALBERT M.,	
Address:	RT 3 BOX 167B N/A	
City-St-Zip:	GALIVANTS FERRY, SC	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPD	(X) Change ( ) Addition
Name:	PATE, JAMES C	
Address:	P.O. BOX 1059	
City-St-Zip:	ROWLAND, NC 28383	
Title:	VPD	(X) Change ( ) Addition
Name:	HOWELL, BRIAN	
Address:	BOX 12300	
City-St-Zip:	RALEIGH, NC 27605	
Title:	TREA	(X) Change ( ) Addition
Name:	KENNETH, BOPP M	
Address:	1304 ANNAPOLIS DR	
City-St-Zip:	RALEIGH, NC 27608	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	JOHNSON, ALBERT M.,	
Address:	RT 3 BOX 167B N/A	
City-St-Zip:	GALIVANTS FERRY, SC	

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: KENNETH M BOPP TREA 01/31/2008

Electronic Signature of Signing Officer or Director — Date