FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

830412

(3)

FILED May 13 1998 8:00am Secretary of State

R.J. REYNOLDS TOBACCO COM	PANY			
Principal Place of Business	Mailing Address		I 180101 JOLGAN HURH ORALL READE HURE HAUR ORALL DEN	DIA BADA DABA DADA DIDA 1861
FOURTH AND MAIN STREETS P.O BOX 2959 ATTN: TAX DEPARTMENT TAX-GCP WINSTON-SALEM NC 27102 WINSTON-SALEM NC 27102 US			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
2. Principal Place of Business	2a. Mailing Address		07/05/1973 4. FEI Number	Applied For
21	26 P.O. Box 2959		56-0375955	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27 Tax (20601) GCI	•	5. Certificate of Status Desired	Fee Required
City & State	City & State Winston-Salem,	NC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ ιρ Country 25	Zip Co	ountry US	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES ST STE 105		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301		B3		
		84 City	F	85 Zip Code
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli 	te of Florida Such change was authoriz	ed by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE Signature, typed or printed name of registeric La	gent and title if applicable (NOTE Registe	rred Agent signature re	equired when reinstating) DATE	

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE BLIXT, CHARLES A 1.2 NAME NAME 4TH & MAIN STS STREET ADDRESS 1.3 STREET ADDRESS WINSTON-SALEM, N C 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITEF GORDON, ROBERT R JR NAME 2.2 NAME 4TH & MAIN STS STREET ADDRESS 2.3 STREET ADDRESS WINSTON-SALEM, N C 00000 CITY-ST-ZIP 2.4 City-St-ZiP DELETE Addition 3.1 TITLE TITLE LAPIEJKO, KENNETH J. NAME 3.2 NAME 4TH & MAIN STS STREET ADDRESS 3.3 STREET ADDRESS WINSTON-SALEM, N C 00000 3.4. CITY - ST - ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME SCHINDLER, ANDREW J 4. 2 NAME 4TH & MAIN STS STREET ADDRESS 4.3 STREET ADDRESS WINSTON SALEM NO CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE PETREE, GEORGE C 5.2 NAME FOURTH AND MAIN STREETS STREET ADDRESS 5.3 STREET ADDRESS WINSTON-SALEM NC 27102 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CiTY-ST-ZIP

SIGNATURE:

Deonge C.

George C. Petree Asst. Secretary (336)741-3674