

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000227

FILED
Mar 19, 2009
Secretary of State

Entity Name: OLD DOMINION TOBACCO COMPANY, INCORPORATED

Current Principal Place of Business:

5400 VIRGINIA BEACH BLVD
VIRGINIA BEACH, VA 23462

New Principal Place of Business:

Current Mailing Address:

PO BOX 61539
VIRGINIA BEACH, VA 23466

New Mailing Address:

FEI Number: 54-0325210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAY, ROBIN D
Address: 5202 OCEAN FRONT AVE.
City-St-Zip: VIRGINIA BEACH, VA 23451

Title: V () Delete
Name: DAVIS, JAMES L
Address: 2408 HOOD DRIVE
City-St-Zip: VIRGINIA BEACH, VA 23454

Title: ST () Delete
Name: PATRICK, ALLEN W
Address: 117 52ND STREET
City-St-Zip: VIRGINIA BEACH, VA 23451

Title: D () Delete
Name: STILES, CATHERINE D
Address: 10 E. ORCHARD DRIVE
City-St-Zip: CHICKAMAUGA, GA 30707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: ROBIN D. RAY

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date