

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000356

FILED
Feb 01, 2011
Secretary of State

Entity Name: LIGGETT VECTOR BRANDS INC

Current Principal Place of Business:

3800 PARAMOUNT PARKWAY
SUITE 250
MORRISVILLE, NC 27560

New Principal Place of Business:

Current Mailing Address:

PO BOX 2010
MORRISVILLE, NC 27560

New Mailing Address:

FEI Number: 74-3040463

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: CP
Name: BERNSTEIN, RONALD J
Address: 3800 PARAMOUNT PKWY STE 250
City-St-Zip: MORRISVILLE, NC 27560

Title: VPCF
Name: WALL, FRANCIS G
Address: 3800 PARAMOUNT PKWY STE 250
City-St-Zip: MORRISVILLE, NC 27560

Title: T
Name: WALL, FRANCIS G
Address: 3800 PARAMOUNT PKWY STE 250
City-St-Zip: MORRISVILLE, NC 27560

Title: VPS
Name: LONG, JOHN R
Address: 3800 PARAMOUNT PKWY STE 250
City-St-Zip: MORRISVILLE, NC 27560

Title: D
Name: KINGAN, CHARLES M JR
Address: 100 MAPLE LANE
City-St-Zip: MEBANE, NC 27302

Title: V
Name: TAYLOR, JAMES A
Address: 3800 PARAMOUNT PKWY STE 250
City-St-Zip: MORRISVILLE, NC 27560

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: FRANCIS G. WALL

VCFO

02/01/2011

Electronic Signature of Signing Officer or Director

Date