2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002120

HARRISS, BRUAN C

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777 POST ROAD STE 304

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DARIEN, CT 068204721

DOBBINS, JAMES W SR

LOUISVILLE, KY 40212

MOORE, LEANNE

3029 MUHAMMED ALI BLVD

3029 MUHAMMED ALI BLVD

LOUISVILLE, KY 40212

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: NATIONAL TOBACCO FINANCE CORPORATION

FILED Mar 26, 2009 Secretary of State

		- 10B/(0001114/(140E 001(1					
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
3029 MUHAMMED ALI BLVD LOUISVILLE, KY 40212				3029 MUHAMMAD ALI BLVD LOUISVILLE, KY 40212			
Current M	ailing Address	s:	New Maili	New Mailing Address:			
PO BOX 588 DRESDEN, TN 38225			3029 MUHAMMAD ALI BLVD LOUISVILLE, KY 40212				
FEI Number:	13-3888034	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU PLANTATI The above	of Florida.	ID ROAD US	urpose of changing i	ts registered	d office or registered agent, or both	١,	
	Electroni	c Signature of Registered Age	ent	Date			
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	C () HELMS, THOMA 3029 MUHAMME LOUISVILLE, KY	ED ALI BLVD	Title: Name: Address: City-St-Zip:	LARRY, WE	MMAD ALI BLVD		
Title: Name: Address: City-St-Zip:	PCEO () WEXLER, LAWF 777 POST ROAL DARIEN, CT 06	O STE 304	Title: Name: Address: City-St-Zip:	BRIAN, HARI	MMAD ALI BLVD		
Title:	VCFO ()	Delete	Title [.]	D/S	(X) Change () Addition		

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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

JAMES DOBBINS DIRSEC

3029 MUHAMMAD ALI BLVD

CAMILLA, FENTRESS A VPF

3029 MUHAMMAD ALI BLVD

THOMAS, HELMS, JR F DIR

3029 MUHAMMAD ALI BLVD

LOUISVILLE, KY 40212

LOUISVILLE, KY 40212

(X) Change () Addition

(X) Change () Addition

LOUISVILLE, KY 40212

VPF

SIGNATURE: ANNE MEYER POA 03/26/2009