2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2012
Secretary of State

DOCUMENT# F08000002120

Entity Name: NATIONAL TOBACCO FINANCE CORPORATION

Current Principal Place of Business:

5201 INTERCHANGE WAY
LOUISVILLE, KY 40229

New Principal Place of Business:

5201 INTERCHANGE WAY
LOUISVILLE, KY 40229 US

Current Mailing Address:

5201 INTERCHANGE WAY
LOUISVILLE, KY 40229

New Mailing Address:

5201 INTERCHANGE WAY
LOUISVILLE, KY 40229 US

FEI Number: 13-3888034 **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: CEO
Name: WEXLER, LARRY
Address: 5201 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229 US

Title: CFO
Name: HARRISS, BRIAN
Address: 5201 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229 US

Title: VPF
Name: FENTRESS, CAMILLA A
Address: 5201 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229 US

Title: SVPS
Name: DOBBINS, JAMES
Address: 5201 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229 US

Title: CDIR
Name: HELMS, THOMAS F JR
Address: 5201 INTERCHANGE WAY
City-St-Zip: LOUISVILLE, KY 40229 US

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: BRITNI WIGE POA 03/31/2012

Electronic Signature of Signing Officer or Director Date