

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003007

FILED
Jul 19, 2011
Secretary of State

Entity Name: SANTA FE NATURAL TOBACCO COMPANY, INC.

Current Principal Place of Business:

ONE PLAZA LA PRENSA
SANTA FE, NM 87507

New Principal Place of Business:

1 PLAZA LA PRENSA
SANTA FE, NM 87507

Current Mailing Address:

P.O. BOX 1840
SANTA FE, NM 875041840

New Mailing Address:

1 PLAZA LA PRENSA
SANTA FE, NM 87507

FEI Number: 85-0394268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: PD
Name: BUMBACCO, NICHOLAS A
Address: 1 PLAZA LA PRENSA
City-St-Zip: SANTA FE, NM 87507

Title: TD
Name: FRANZINO, JOHN E
Address: 1 PLAZA LA PRENSA
City-St-Zip: SANTA FE, NM 87507

Title: SD
Name: FARR, SUSANNE R
Address: 1 PLAZA LA PRENSA
City-St-Zip: SANTA FE, NM 87507

Title: VP
Name: LITTLE, MICHAEL A
Address: 3220 KNOTTS GROVE RD
City-St-Zip: OXFORD, NC 27102

Title: VP
Name: COOK, WILLIAM R
Address: 3220 KNOTTS GROVE RD
City-St-Zip: OXFORD, NM 27102

Title: AS
Name: FOLAN, MCDARA P III
Address: 401 N. MAIN STREET
City-St-Zip: WINSTON-SALEM, NC 27101

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: JOHN E. FRANZINO

TD

07/19/2011

Electronic Signature of Signing Officer or Director

_____ Date