2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F99000004774 May 04, 2000 8:00 am Secretary of State 1. Entity Name R.J. REYNOLDS SMOKE SHOP, INC. 05-04-2000 90123 018 ***150.00 Mailing Address Principal Place of Business P.O. BOX 2959 P.O. BOX 2959 ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT WINSTON-SALEM NC 27102 WINSTON-SALEM NC 27102-2959 3. Mailing Address 2. Principal Place of Business PO Box 2959 1001 Reynolds Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Tax 20601 GCP Applied For City & State City & State 4. FEI Number 56-2147974 Winston-Salem, NC Winston-Salem, NC Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 27105 27102-2959 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change XX Addition D TITLE ☐ Delete TITLE BLYNN, GUY M NAME NAME 3001 LOOKOUT CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINSTON-SALEM NC 27106 X Addition ☐ Change ☐ Delete TITI F TITI F RUCKER, THOMAS J NAME STREET ADDRESS 1211 YORKSHIRE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINSTON-SALEM NC 27106 X Addition ☐ Change ☐ Delete _ TITLE TITLE MARSCH, DARRYL R NAME NAME STREET ADDRESS 913 ASHLEY GLEN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINSTON-SALEM NC 27104 AS X Addition ☐ Delete TITL F TITLE William C. Ervin NAME NAME STREET ADDRESS STREET ADORESS 401 N. Main Street CITY-ST-ZIP CITY-ST-ZIP Winston-Salem, NC 27102 Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Kurilliam C. Ervin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

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