

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90154 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14515

1. Corporation Name

BROWN & WILLIAMSON TOBACCO CORPORATION

Principal Place of Business

200 BROWN & WILLIAMSON TOWER
P O BOX 35090
LOUISVILLE KY 40232
US

Mailing Address

200 BROWN & WILLIAMSON TOWER
P O BOX 35090
LOUISVILLE KY 40232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1987

4. FEI Number

61-0144470

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	SCHOENBACHLER, CARL L.	
STREET ADDRESS	200 BROWN & WILLIAMSON TOWER P O B 35090	
CITY-ST-ZIP	LOUISVILLE KY 40232	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BROOKES, NICK	
STREET ADDRESS	200 BROWN & WILLIAMSON TOWER P O B 35090	
CITY-ST-ZIP	LOUISVILLE KY 40232	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MCGRAW, MICHAEL J.	
STREET ADDRESS	200 BROWN & WILLIAMSON TOWER P O B 35090	
CITY-ST-ZIP	LOUISVILLE KY 40232	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PEPPLES, E.	
STREET ADDRESS	200 BROWN & WILLIAMSON TOWER P O B 35090	
CITY-ST-ZIP	LOUISVILLE KY 40232	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	BURKE, F. ANTHONY	
STREET ADDRESS	200 BROWN & WILLIAMSON TOWER P O B 35090	
CITY-ST-ZIP	LOUISVILLE KY 40232	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SHADBURNE, G.G.	
STREET ADDRESS	200 BROWN & WILLIAMSON TOWER P O B 35090	
CITY-ST-ZIP	LOUISVILLE KY 40232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G.G. Shadburne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

Daytime Phone #

CR2E034 (11/98)