

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90044 001 ***150.00

DOCUMENT # P14515

1. Entity Name
BROWN & WILLIAMSON TOBACCO CORPORATION

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 200 BROWN & WILLIAMSON TOWER | 200 BROWN & WILLIAMSON TOWER |
| P O BOX 35090 | P O BOX 35090 |
| LOUISVILLE KY 40232 | LOUISVILLE KY 40232 |
| US | US |

| | |
|---|---|
| 2. Principal Place of Business 401 South 4th Avenue | 3. Mailing Address 401 South 4th Avenue |
|---|---|

| | |
|---|---|
| Suite, Apt. #, etc. Suite 200 | Suite, Apt. #, etc. Suite 200 |
|---|---|

| | |
|---------------------------------------|---------------------------------------|
| City & State Louisville, KY | City & State Louisville, KY |
|---------------------------------------|---------------------------------------|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 40202 | Country USA | Zip 40202 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

| | | |
|------------------------------------|---|---|
| 4. FEI Number 61-0144470 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

| | |
|--|--------------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO ECKMANN, JEFFREY 200 BROWN & WILLIAMSON TOWER P O B 35090 LOUISVILLE KY 40232 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO IVEY, SUSAN 200 BROWN & WILLIAMSON TOWER P O B 35090 LOUISVILLE KY 40232 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP MCGRAW, MICHAEL J. 200 BROWN & WILLIAMSON TOWER P O B 35090 LOUISVILLE KY 40232 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP DELEN, DANIEL 200 BROWN & WILLIAMSON TOWER P O B 35090 LOUISVILLE KY 40232 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS BURKE, F. ANTHONY 200 BROWN & WILLIAMSON TOWER P O B 35090 LOUISVILLE KY 40232 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SHADBURNE, G.G. 200 BROWN & WILLIAMSON TOWER P O B 35090 LOUISVILLE KY 40232 | <input checked="" type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 South 4th Avenue, Suite 200 Louisville, KY 40202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 South 4th Avenue, Suite 200 Louisville, KY 40202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 South 4th Avenue, suite 200 Louisville, KY 40202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 South 4th Avenue, Suite 200 Louisville, KY 40202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPS Hazlett, Timothy 401 South 4th Avenue, Suite 200 Louisville, KY 40202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Sturgeon, Nancy 401 South 4th Avenue, Suite 200 Louisville, KY 40202 |

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.

SIGNATURE: Nancy Sturgeon **REQUIRED** Nancy Sturgeon

4-15-02

Date Daytime Phone #

CR2E034 (9/01)