


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90130 035 \*\*\*150.00

<b>DOCUMENT # P14515</b> 1. Entity Name <b>BROWN &amp; WILLIAMSON TOBACCO CORPORATION</b>	
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Principal Place of Business 401 SOUTH 4TH AVENUE SUITE 200 LOUISVILLE KY 40202 US	Mailing Address 401 SOUTH 4TH AVENUE SUITE 200 LOUISVILLE KY 40202 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>61-0144470</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ECKMANN, JEFFREY 401 SOUTH 4TH AVENUE, SUITE 200 LOUISVILLE KY 40202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO IVEY, SUSAN 401 SOUTH 4TH AVENUE, SUITE 200 LOUISVILLE KY 40202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MCGRAW, MICHAEL J. 401 SOUTH 4TH AVENUE, SUITE 200 LOUISVILLE KY 40202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DELEN, DANIEL 401 SOUTH 4TH AVENUE, SUITE 200 LOUISVILLE KY 40202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HAZLETT, TIMOTHY 401 SOUTH 4TH AVENUE, SUITE 200 LOUISVILLE KY 40202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STURGEON, NANCY 401 SOUTH 4TH AVENUE, SUITE 200 LOUISVILLE KY 40202 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Nancy Sturgeon* **4-23-04 (502) 568-7000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*

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**BROWN & WILLIAMSON TOBACCO CORPORATION  
2003-2004 DIRECTORS & OFFICERS**

<u>TITLE</u>	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>BUSINESS ADDRESS</u>
President & CEO Director	Susan Ivey 266-86-0958	1602 Polo Club Court Louisville, KY 40245 (502) 253-1256	A
Executive VP Director	Michael J. McGraw 404-62-1396	7700 Cedar Ridge Court Prospect, KY 40059 (502) 228-2962	A
Senior VP Director	Daniel M. Delen 548-83-4492	912 Rugby Place Louisville, KY 40222 (502) 425-9061	A
Senior VP & Treasurer Director	Jeffrey A. Eckmann 399-58-8209	15215 Champion Lakes Pl. Louisville, KY 40245 (502) 244-1792	A
Senior VP Director	Daniel D. Snyder 401-86-3992	208 Lagrange Court Macon, GA 31210 (478) 474-0014	C
VP	Henry C. Frick 403-64-2479	8616 Blackpool Court Louisville, KY 40222 (502) 426-1907	A
VP	Randy F. Harrison 223-68-5136	3008 Wolf Trap Drive Wilson, NC 27893 (919) 291-9922	B
VP	Mark S. Kovatch 316-62-8546	1302 Old Harrods Creek Road Louisville, KY 40223 (502) 253-0480	A
VP	Brennan M. Dawson 215-82-8204	11602 Ridge Rd. Anchorage, KY 40223 (502) 253-9195	A
VP and Secretary	Timothy J. Hazlett 207-38-7423	7621 Deer Meadow Drive Louisville, KY 40241 (502) 228-6926	A

*Attached*

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VP	John L. Kiser 402-96-8536	404 Meridian Avenue Louisville, KY 40207 (502) 896-2250	A
VP	Nigel Lemmon 401-61-1843	1601 Polo Club Court Louisville, KY 40241 (502)254-3078	A
Asst. Treasurer	Gary M. Riley 407-82-3287	1410 Arnold Palmer Blvd. Louisville, KY 40245 (502) 254-1677	A
Asst. Secretary	Susan Saunders 407-78-2726	10720 Hite Creek Rd. Louisville, KY 40241 (502) 339-9601	A
Asst. Secretary	Nancy G. Sturgeon 402-92-3935	10702 High Grove Place Louisville, KY 40223 (502) 253-1860	A
Asst. Secretary	Charles I. Sherman 046-30-0726	1648 Victory Ct. Prospect, KY 40059 (502) 228-5453	A

Business Addresses:

A - 401 South 4<sup>th</sup> Avenue, Suite 200, Louisville, KY 40202

B - Old Stantonsburg Road, Wilson, NC 27893

C - 2600 Weaver Road, Macon, GA 31298