2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26175

City-St-Zip:

Entity Name: U.S. SMOKELESS TOBACCO BRANDS INC

FILED Apr 14, 2008 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6 HIGH RIDGE PARK BUILDING A STAMFORD, CT 096051323				6 HIGH RIDGE PARK BUILDING A STAMFORD, CT 06905		
Current Mailing Address:			New Maili	New Mailing Address:		
TAX DEPARTMENT 100 W. PUTNAM AVE GREENWICH, CT 06830 US			6 HIGHRIE	TAX DEPARTMENT 6 HIGHRIDGE PARK STAMFORD, CT 06905 US		
FEI Number	: 06-1277356	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 S. PI PLANTATI The above	ORATION SYS' NE ISLAND RO ION, FL 33324 named entity so e of Florida.	AD US	ourpose of changing	its registered o	ffice or registered agent, or both	
SIGNATUI	RF [.]					
		Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PATRACUOLLA, 5 DAER TRAIL	Delete JAMES D NSHIP, NJ 07005	Title: Name: Address: City-St-Zip:	PATRACUOLLA 5 DAER TRAIL	Change () Addition , JAMES D VNSHIP, NJ 07005	
Title: Name: Address: City-St-Zip:	VP () TAMARO, KEN 315 INDIAN TRA FRANKLIN LAKE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () I CURRAN, ROBE 105 BAY PORT I MOORESVILLE,	ANE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	P () BUTLER, DANIE 297 SUMMIT AV SUMMIT, NJ 079	ENUE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:	VP () CURAN, ROBER 105 BAY PORT	· ·	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip: MOORESVILLE, NC 28115

SIGNATURE: KENNETH N TAMARO VP 04/14/2008