

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26175

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** U.S. SMOKELESS TOBACCO BRANDS INC.

**Current Principal Place of Business:**

6 HIGH RIDGE PARK  
BUILDING A  
STAMFORD, CT 06905 US

**New Principal Place of Business:**

6 HIGH RIDGE PARK BUILDING A  
STAMFORD, CT 06905 US

**Current Mailing Address:**

6 HIGH RIDGE PARK  
BUILDING A  
STAMFORD, CT 06905 US

**New Mailing Address:**

6 HIGH RIDGE PARK BUILDING A  
STAMFORD, CT 06905 US

**FEI Number:** 06-1277356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PAOLI, PETER P PD  
Address: 6 HIGH RIDGE PARK BUILDING A  
City-St-Zip: STAMFORD, CT 06905 US

Title: VPTD  
Name: HEMP, JEFFREY A VPTD  
Address: 6 HIGH RIDGE PARK BUILDING A  
City-St-Zip: STAMFORD, CT 06905 US

Title: SD  
Name: RODRIGUEZ, AGUSTIN E SD  
Address: 6 HIGH RIDGE PARK BUILDING A  
City-St-Zip: STAMFORD, CT 06905 US

I hereby 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 all other like empowered.

SIGNATURE: CRYSTAL MCKENZIE

POA

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date