

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-06-2002 90066 040 ***150.00

DOCUMENT # P29889

1. Entity Name

LIGGETT GROUP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Maple Lane

Suite, Apt. #, etc.

3. Mailing Address
Attn: C. Atkinson

Suite, Apt. #, etc.
100 Maple Lane

DO NOT WRITE IN THIS SPACE

City & State
Mebane, NC

City & State
Mebane, NC

4. FEI Number
56-1702115

Applied For
Not Applicable

Zip
27302

Country
USA

Zip
27302

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Services

Street Address (P.O. Box Number is Not Acceptable)
502 E. Park Ave.

City Tallahassee FL Zip Code 32301

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

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

(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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
Pres. & CEO
Bernstein, Ronald J.
100 Maple Lane, Mebane, NC 27302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice Pres. & CFO
Kingan, Charles M.
100 Maple Lane
Mebane, NC 27302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice Pres., Gen. Coun. & Secy.
Long, John R.
100 Maple Lane
Mebane, NC 27302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Kingan, Charles M.
100 Maple Lane
Mebane, NC 27302

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

Daytime Phone #

CR2E034B (12/01)