


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P29889 1. Entity Name LIGGETT GROUP INC.	
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Principal Place of Business 100 MAPLE LN MEBANE, NC 27302 US	Mailing Address ATTN: C. ATKINSON 100 MAPLE LANE MEBANE, NC 27302 US
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02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1702115	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BERNSTEIN, RONALD J 100 MAPLE LN MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF KINGAN, CHARLES M 100 MAPLE LN MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC LONG, JOHN R 100 MAPLE LN MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINGAN, CHARLES M 100 MAPLE LN MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEWART, HELEN B 100 MAPLE LN. MEBANE, NC 27302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, BILLY T JR. 100 MAPLE LN. MEBANE, NC 27302

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04/05/04-80067-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #