

**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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DO NOT WRITE IN THIS SPACE

02052004	No Chg-P	CR2E034 (10/03)
4. FEI Number 56-1702115	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

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: *Gregory G. Sullivan* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_