2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002120

Entity Name: NATIONAL TOBACCO FINANCE CORPORATION

Current Principal Place of Business:

5201 INTERCHANGE WAY
LOUISVILLE, KY 40229

Current Mailing Address:

5201 INTERCHANGE WAY
LOUISVILLE, KY 40229 US

FEI Number: 13-3888034

FILED
Apr 17, 2017
Secretary of State
CC3767200898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	PRESIDENT
Name	WEXLER, LARRY
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

Title	VP REPORTING
Name	FENTRESS, CAMILLA A
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

Title	DIRECTOR
Name	HELMS, THOMAS F JR.
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

Title	DIRECTOR
Name	DIAO, CHARLES
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

Title	SECRETARY
Name	DOBBINS, JAMES
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

Title	CFO
Name	STEGEMAN, MARK
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

Title	DIRECTOR
Name	BAXTER, GREGORY H. A.
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

Title	DIRECTOR
Name	GLAZEK, DAVID
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229

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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: CAMILLA A FENTRESS VP REPORTING 04/17/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ZIMMERMAN, ARNOLD
Address	5201 INTERCHANGE WAY
City-State-Zip:	LOUISVILLE KY 40229