

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/16/2022 10:34 AM Fee Receipt: \$90.00

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate o (Foreign Busine			FBE
Pursuant to the provisions of KRS 14A - and, for that purpose, submits the following	- 030 the undersigned hereby applies fing statements:	or authority to transa	ct business in Kentucky on	behalf of the entity named below
(The n	ame must be identical to the name	on record with the S	ecretary of State.)	
3. The name of the entity to be used in I	(Only pro	vide if "real name" i	s unavailable for use; oth	erwise, leave blank.)
4. The state or country under whose law	the entity is organized is Delaware		este a la	
5. The date of organization is 5/2/88		and the period of dura	(if left blank, duration	is considered perpetual.)
6. The mailing address of the entity's pri	ncipal office is	Richmond	VA	23219
1021 East Cary Street, STE 1600 Street Address		City	State	Zip Code
7. The street address of the entity's regi	stered office in Kentucky is			
306 W. Main Street, Suite 512,		Frankfort	KY State	40601 Zip Code
Street Address (No P.O. Box Numbers		City	State	Zip Code
and the name of the registered agent at				
8. The names and business addresses	of the entity's representatives (secretar	y, officers and director	ors, managers, trustees or g	eneral partners):
See attached			- Gtete	Zip Code
Name	Street or P.O. Box	City	State	Zip Coue
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, a and treasurer are licensed in one or more statement of purposes of the corporation 10. I certify that, as of the date of filing the corporation.	e states or territories of the United Stat is application, the above-named entity	es or District of Colur validly exists under the	nbia to render a professiona he laws of the jurisdiction of	service described in the
11. If a limited partnership, it elects to be		Check the box if appli	icable:	
12. If a limited liability company, check				
13. This application will be effective upon		son Schellenger, As	sst. Sec. 10/18	U22
Signature of Authorized Representative	Jannis	Printed Name & Title		Date
Y			76	
C T Corporation System,	, con	sent to serve as the re	egistered agent on behalf of	the business entity.
Type/Print Name of Registered Agent				
By: Xuda System,	Linda Stauffe	er	Assistant Secretary	
Signature of Registered Agent	Printed Name		Title	Date

SWEDISH MATCH LEAF TOBACCO COMPANY

Board of Directors

Name Address

Fredrik K. Soderberg Two James Center, 1021 E. Cary Street, STE 1600

Chairman Richmond, Virginia 23219

Maxwell B. Swift 1121 Industrial Drive

Owensboro, Kentucky 42301

Corporate Officers

Name Address

Maxwell B. Swift 1121 Industrial Drive

President Owensboro, Kentucky 42301

Fredrik K. Soderberg Two James Center, 1021 E. Cary Street, STE 1600

Vice President, Business Control Richmond, Virginia 23219

Michael A. Lee Two James Center, 1021 E. Cary Street, STE 1600

Michael A. Lee Two James Center, 1021 E.
Assistant Treasurer Richmond, Virginia 23219

Assistant i reasurer Kichmond, v irginia 23219 (Eff 3/3/22)

Gerard J. Roerty, Jr. Two James Center, 1021 E. Cary Street, STE 1600

Secretary Richmond, Virginia 23219

Christopher S. Dukes

Vice President Manufacturing Smokeless

Outenshore VV 42201

Vice President, Manufacturing – Smokeless Owensboro, KY 42301 (Eff 3/10/22)

Joseph D. Ackerman

Vice President

Two James Center, 1021 E. Cary Street, STE 1600

Richmond, Virginia 23219

Jaimison D. Schellenger Two James Center, 1021 E. Cary Street, STE 1600

Assistant Secretary Richmond, Virginia 23219

and CFO