

1.) CORPORATION NAME:

**Universal Leaf Tobacco Company, Incorporated**

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES, INC.  
10 S JEFFERSON ST.  
SUITE 1400**

SCC ID NO: **00231969**

**ROANOKE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	15,000
COMB	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9201 FOREST HILL AVENUE  
STONY POINT II BLDG

CITY/ST/ZIP: RICHMOND, VA 23235

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GEORGE C. FREEMAN, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/PRES/CEO		
ADDRESS:	PO BOX 25099		
CITY/ST/ZIP/CO:	RICHMOND, VA 23260		

NAME:	AIRTON L. HENTSCHKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXE VP/COO		
ADDRESS:	PO BOX 25099		
CITY/ST/ZIP/CO:	RICHMOND, VA 23260		

NAME:	D. C. MOORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EX VP/CFO		
ADDRESS:	PO BOX 25099		
CITY/ST/ZIP/CO:	RICHMOND, VA 23260		

NAME:	C C FORMACEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 25099		
CITY/ST/ZIP/CO:	RICHMOND, VA 23260		

NAME:	C H CLAIBORNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 25099		
CITY/ST/ZIP/CO:	RICHMOND, VA 23260		

NAME:	P. G. BEEVOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P. O. BOX 25099		
CITY/ST/ZIP/CO:	RICHMOND, VA 23260		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	F. G. BOSSERT DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. G. BROOME DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. A. BUNECKER DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. CARDINALI DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. G. FRAZIER DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. A.M. GRAHAM DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A. L. HENTSCHE DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. A. HUFFMAN DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. R. WERTHEIMER DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	P. D. WIGNER DIRECTOR P. O. BOX 25099 RICHMOND, VA 23260	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ C H CLAIBORNE	C H CLAIBORNE, SECRETARY	4/20/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.