

**COMMONWEALTH OF MASSACHUSETTS  
NOTICE OF APPOINTMENT OF REGISTERED AGENT (M.G.L. c. 94F, § 3)  
(March 2026)**

*Please type, or print legibly in permanent blue ink.*

**The undersigned Tobacco Product Manufacturer (“TPM”), \_\_\_\_\_,  
hereby appoints \_\_\_\_\_ as its Registered Agent in  
Massachusetts. The Registered Agent is authorized to accept service of process on behalf of the  
TPM.**

The TPM agrees to do the following: (1) provide notice to the Massachusetts Attorney General at least 30 calendar days prior to any termination of the authority of the Registered Agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new Registered Agent at least five calendar days prior to the termination of the existing Registered Agent appointment. The TPM further agrees that if the Registered Agent terminates its agency appointment, the TPM shall provide notice to the Attorney General of the termination within five calendar days and shall include proof to the Attorney General of the appointment of a new agent.

On behalf of the TPM, the undersigned states under penalties of perjury that the statements and information contained in this Notice of Appointment are true and complete and that I am an officer authorized to bind the TPM making this appointment. The failure to file this form may be a basis for removal of the undersigned TPM and its Brand Families from the Directory.

**This Notice of Appointment must be signed and dated by the TPM in the presence of a notary public.**

Signature of TPM Authorized Officer: \_\_\_\_\_

Authorized Officer (*print name*): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Principal Place of Business (*physical address*): \_\_\_\_\_

Place of Business Telephone: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
COUNTRY OF \_\_\_\_\_

On \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS  
ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT (M.G.L. c. 94F, § 3)  
(March 2026)**

*Please type, or print legibly in permanent blue ink.*

The undersigned Registered Agent, \_\_\_\_\_, hereby accepts appointment by the Tobacco Product Manufacturer (“TPM”), \_\_\_\_\_, as its Registered Agent in Massachusetts. The Registered Agent hereby affirms it is authorized to accept service of process on behalf of the TPM.

I, the undersigned, consent to serve as the Registered Agent in the Commonwealth of Massachusetts for the above-named TPM, pursuant to M.G.L. c. 94F, § 3. I understand that it will be my responsibility to receive Service of Process on behalf of the TPM; to forward mail to the TPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

**This Notice of Appointment must be signed and dated by the Agent in the presence of a notary public in Massachusetts.**

Signature of Registered Agent: \_\_\_\_\_

Registered Agent (*print name*): \_\_\_\_\_

Street Address (*must be within Massachusetts*): \_\_\_\_\_

\_\_\_\_\_

City, State, and ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

STATE OF MASSACHUSETTS  
COUNTY OF \_\_\_\_\_  
COUNTRY OF THE UNITED STATES OF AMERICA

On \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_