

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90061 009 \*\*\*150.00

0553096

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 833640**

1. Corporation Name  
**AMERICAN STORES COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 299 SOUTH MAIN STREET  
 SALT LAKE CITY UT 84111  
 US

Mailing Address  
 PROMOTION AND TX-DESK MTK  
 P.O. BOX 27447  
 SALT LAKE CITY UT 84111

3. Date Incorporated or Qualified  
**01/10/1975**

4. FEI Number  
**87-0207226**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 ATTN: TAX DEPARTMENT

27 Suite, Apt. #, etc.

28 P.O. BOX 27447

29 City & State

30 SALT LAKE CITY, UT

29 Zip Country

30 84127-0447 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BECK, TERESA</b>	
STREET ADDRESS	<b>709 EAST SOUTH TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUND, VICTOR</b>	
STREET ADDRESS	<b>709 EAST SOUTH TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIDER, NEAL J</b>	
STREET ADDRESS	<b>709 EAST SOUTH TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	<b>EV</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, KENT T.</b>	
STREET ADDRESS	<b>709 EAST SOUTH TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ELDRIDGE, PAUL W</b>	
STREET ADDRESS	<b>299 SOUTH MAIN STREET</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY FL 84111</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SLOAN, MARY V</b>	
STREET ADDRESS	<b>709 EAST SOUTH TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY FL 84102</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>299 SOUTH MAIN STREET</b>
1.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84111</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>299 SOUTH MAIN STREET</b>
2.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84111</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TREASURER</b>
3.3 STREET ADDRESS	<b>J. GREG SPENCER</b>
3.4 CITY-ST-ZIP	<b>299 SOUTH MAIN STREET</b> <b>SALT LAKE CITY, UT 84111</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>299 SOUTH MAIN STREET</b>
4.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84111</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>299 SOUTH MAIN STREET</b>
5.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84111</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>299 SOUTH MAIN STREET</b>
6.4 CITY-ST-ZIP	<b>SALT LAKE CITY, UT 84111</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul W. Eldridge* VICE PRESIDENT 4/5/99 (801)961-5600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)