

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90043 049 \*\*\*150.00

**DOCUMENT # 833640**  
 1. Entity Name  
**AMERICAN STORES COMPANY**

Principal Place of Business      Mailing Address  
**299 SOUTH MAIN STREET**      **ATTN: TAX DEPARTMENT**  
**SALT LAKE CITY UT 84111**      **P. O. BOX 27447**  
**US**      **SALT LAKE CITY UT 84127-0447**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**250 Park Center Blvd**      **P.O. Box 20**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Base**      **Boise**

4. FEI Number      Applied For  
**87-0207226**       Not Applicable

Zip      Country      Zip      Country  
**83706**           **83720**           **\$8.75 Additional Fee Required**

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BECK, TERESA</b> <b>299 SOUTH MAIN STREET</b> <b>SALT LAKE CITY UT 84111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>LUND, VICTOR</b> <b>299 SOUTH MAIN STREET</b> <b>SALT LAKE CITY UT 84111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SPENCER, J. GREG</b> <b>299 SOUTH MAIN STREET</b> <b>SALT LAKE CITY UT 84111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV</b> <b>ANDERSON, KENT T.</b> <b>299 SOUTH MAIN STREET</b> <b>SALT LAKE CITY UT 84111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ELDRIDGE, PAUL W</b> <b>299 SOUTH MAIN STREET</b> <b>SALT LAKE CITY FL 84111</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SLOAN, MARY V</b> <b>299 SOUTH MAIN STREET</b> <b>SALT LAKE CITY FL 84111</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>pres</b> <b>Gary G. Michael</b> <b>250 Park Center Blvd.</b> <b>Boise, ID 83706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIP</b> <b>Bradley M. Vierig</b> <b>299 South Main Street</b> <b>Salt Lake City, UT 84111</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Kaye L. O'Riordan</b> <b>250 Park Center Blvd.</b> <b>Boise, ID 83706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>John F. Boyd</b> <b>250 Park Center Blvd.</b> <b>Boise, ID 83706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dir</b> <b>Michael F. Reuling</b> <b>250 Park Center Blvd.</b> <b>Boise, ID 83706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AIT</b> <b>John T. Norton</b> <b>299 S. Main St.</b> <b>Salt Lake City, UT 84111</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley M. Vierig      **BRADLEY M. VIERIG**      4/27/00      (801) 961-3520  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #