

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90009 031 ***150.00

DOCUMENT # F01000004584

1. Entity Name
SAFeway INC.



Principal Place of Business
**5918 STONERIDGE MALL ROAD
 PLEASANTON, CA 94588-3229**

Mailing Address
**TAX DIVISION
 5918 STONERIDGE MALL ROAD
 PLEASANTON, CA 94588-3229**

54022570



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

94-3019135

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PCD BURD, STEVEN A** Delete
 STREET ADDRESS **2130 LAS TRAMPAS ROAD**
 CITY-ST-ZIP **ALTARNO, CA 94507**

TITLE **Secretary** Change Addition
 NAME **Linda C. Saylor**
 STREET ADDRESS **5918 Stoneridge Mall Road**
 CITY-ST-ZIP **Pleasanton, CA 94588**

TITLE
 NAME **T FOX, BRADLEY S** Delete
 STREET ADDRESS **5918 STONERIDGE MALL ROAD**
 CITY-ST-ZIP **PLEASANTON, CA 94588**

TITLE **Asst. Treasurer** Change Addition
 NAME **Robin H. Knight**
 STREET ADDRESS **5918 Stoneridge Mall Road**
 CITY-ST-ZIP **Pleasanton, CA 94588**

TITLE
 NAME **V SCHMIT, GARY** Delete
 STREET ADDRESS **5918 STONERIDGE MALL ROAD**
 CITY-ST-ZIP **PLEASANTON, CA 94588**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VCFO PRABHU, VASANL M** Delete
 STREET ADDRESS **298 BARRINGTON LANE**
 CITY-ST-ZIP **ALAMO, CA 94507**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **V BOND, DAVID F** Delete
 STREET ADDRESS **24 VIRGINIA COURT**
 CITY-ST-ZIP **WALNUT CREEK, CA 94596**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **PCD BURD, STEVEN A** Delete
 STREET ADDRESS **5918 STONERIDGE MALL ROAD**
 CITY-ST-ZIP **PLEASANTON, CA 94588**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin H. Knight **3/23/04** (925) 226-5312
 Date Daytime Phone #