


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

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



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 94-3019135

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	BURD, STEVEN A
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 945883229
TITLE	T
NAME	FOX, BRADLEY S
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588
TITLE	V
NAME	SCHMIT, GARY
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588
TITLE	S
NAME	GORDON, ROBERT A
STREET ADDRESS	5918 STONERIDGE MALL ORAD
CITY-ST-ZIP	PLEASANTON, CA 94588
TITLE	V
NAME	BOND, DAVID F
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 345883229
TITLE	AT
NAME	KNIGHT, ROBIN H
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588

U00000871750
 04/10/08-80010-015 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robin H. Knight March 19, 2008 925-226-5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in Month Year

Robin H. Knight, Asst. Treasurer