

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90159 001 ***150.00

0658992 AT

DOCUMENT # F01000004584

1. Entity Name
SAFeway INC.



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

Mailing Address
5918 STONERIDGE MALL ROAD
PLEASANTON CA 94588-3229

2. Principal Place of Business

3. Mailing Address

Tax Division

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5918 Stoneridge Mall Road

City & State

City & State
Pleasanton, CA

4. FEI Number 94-3019135

Applied For
Not Applicable

Zip

Country

Zip

Country

94588

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 STREET ADDRESS CITY-ST-ZIP	PCD BURD, STEVEN A 2130 LAS TRAMPAS ROAD ALTARNO CA 94507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RENDA, LARREE M 450 MOSELEY ROAD HILLSBOROUGH CA 94019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DREILING, RICHARD W 3729 ROSE ROCK CIRCLE PLEASANTON CA 94588	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO PRABHU, VASANT M 298 BARRINGTON LANE ALAMO CA 94507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOND, DAVID F 24 VIRGINIA COURT WALNUT CREEK CA 94596	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, DONALD P 631 SILVER LAKE DRIVE DANVILLE CA 94526	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bradley S. Fox 5918 Stoneridge Mall Road Pleasanton, CA 94588-3229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Robin H. Knight 5918 Stoneridge Mall Road Pleasanton, CA 94588-3229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gary Schmidt 5918 Stoneridge Mall Road Pleasanton, CA 94588-3229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Vasant M. Prabhu 5918 Stoneridge Mall Road Pleasanton, CA 94588-3229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David F. Bond 5918 Stoneridge Mall Road Pleasanton, CA 94588-3229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Steven A. Burd 5918 Stoneridge Mall Road Pleasanton, CA 94588-3229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robin H. Knight Robin H. Knight, Asst. Treasurer 4/8/03 (925)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 467-3312

CFR2E034 (10/02)