DOCUMENT # F9800004599  HARRIS TEETER, INC.				Secretary of State 02-14-2002 90060 011 ***150.00		
Principal Place of Business Mailing Address PO BOX:33129 PO BOX:33129 CHARLOTTE NC:28233-3129 CHARLOTTE NC:28233-3129						
CHARLOTTE	NG;28233-3129% :	CHARLOTTE NC 28233-3	1129 f	E ERACERE HAN HOUSE FRUIT ARMA ARMA BOMA BOMA BAHA BAKA BAKAR BAMA BAHA	IAN IAAR:	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required		
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)		
	UTH PINE ISLAND ROAD ION FL 33324					
			City	FL Zip Code		
		FILE NOW After May 1, 20	E: Registered Agent signature requirements III FEE IS \$150.00 D02 Fee will be \$550.00 ble to Department of S	10. Election Campaign Financing \$5.00 May Be		
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGANTHALL, FRED J II 11929 PINE VALLEY CLUB DR CHARLOTTE NC 28277	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, JEFF D 2017 HARTWICKE PLACE CHARLOTTE NC 28205	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change :	Auditori	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ ;	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ <i>i</i>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.   hereby c	ertify that the information supplied with th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP r the exemption stated in S	n Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under each; that I are an officer or directly	Addition	

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 of 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:

SIGNATURE:

Date

Daytime Phone #