

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004599

FILED  
May 04, 2004  
Secretary of State

Entity Name: HARRIS TEETER, INC.

**Current Principal Place of Business:**

PO BOX 33129  
CHARLOTTE, NC 282333129

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10100  
MATTHEWS, NC 281060100

**New Mailing Address:**

FEI Number: 56-1390087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORGANTHALL, FRED J II  
Address: 11929 PINE VALLEY CLUB DR  
City-St-Zip: CHARLOTTE, NC 28277

Title: S ( ) Delete  
Name: SHERMAN, JEFF D  
Address: 2017 HARTWICKE PLACE  
City-St-Zip: CHARLOTTE, NC 28205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF D. SHERMAN

SRVP

05/04/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date