

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **811145** (2)
1. Corporation Name
THE GRAND UNION COMPANY



Principal Place of Business 201 WILLOWBROOK BLVD. WAYNE NJ 07470	Mailing Address 201 WILLOWBROOK BLVD. WAYNE NJ 07470-7025
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3. Date Incorporated or Qualified 07/05/1956	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 22-1518276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCCAIG, JOSEPH J
STREET ADDRESS	201 WILLOWBROOK BLVD
CITY-ST-ZIP	WAYNE NJ
TITLE	D
NAME	LOUTTIT, WILLIAM A
STREET ADDRESS	201 WILLOWBROOK BLVD
CITY-ST-ZIP	WAYNE NJ
TITLE	VT
NAME	NICASTRO, FRANCIS E
STREET ADDRESS	201 WILLOWBROOK BLVD
CITY-ST-ZIP	WAYNE NJ
TITLE	SRVP
NAME	BAUM, R. KENNETH
STREET ADDRESS	201 WILLOWBROOK BLVD
CITY-ST-ZIP	WAYNE NJ
TITLE	AS
NAME	MICHELSON, DAVID S
STREET ADDRESS	201 WILLOWBROOK BLVD
CITY-ST-ZIP	WAYNE NJ
TITLE	COB
NAME	STANGELAND, ROGER E.
STREET ADDRESS	201 WILLOWBROOK BLVD
CITY-ST-ZIP	WAYNE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERARDY FAGIANNE SRVP
4.3 STREET ADDRESS	201 willowbrook blvd
4.4 CITY-ST-ZIP	WAYNE NJ. 07470
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David S. Michelson* *David S. Michelson* **201-890-1000**

CR2E034 (9/96)