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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90134 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 811145

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1956

4. FEI Number

22-1518276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME HARRIS, J. WAYNE

STREET ADDRESS 201 WILLOWBROOK BLVD

CITY-ST-ZIP WAYNE NJ 07470

TITLE VT ☐ DELETE

NAME NICASTRO, FRANCIS E

STREET ADDRESS 201 WILLOWBROOK BLVD

CITY-ST-ZIP WAYNE NJ

TITLE SAVP ☐ DELETE

NAME FREIMARK, JEFFREY

STREET ADDRESS 210 WILLOWBROOK BLVD

CITY-ST-ZIP WAYNE NY

TITLE AS ☐ DELETE

NAME RAMIREZ, JAVIER A.

STREET ADDRESS 201 WILLOWBROOK BLVD

CITY-ST-ZIP WAYNE NJ 07470

TITLE VCCA ☐ DELETE

NAME PARTRIDGE, JACK W.

STREET ADDRESS 201 WILLOWBROOK BLVD

CITY-ST-ZIP WAYNE NJ 07470

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAVIER RAMIREZ 4/28/99 973-890-6292