FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 814049 (3)

1. Corporation Name
THE GREAT ATLANTIC & PACIFIC TEA COMPANY, INC.

Principal Place of Business	Mailing Address
2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE NJ 07645	2 PARAGON DRIVE ATTN: TAX DEPARTMENT MONTVALE NJ 07645

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1959
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 13-1890974 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	ULRICH, ROBERT G	1.2 NAME	
STREET ADDRESS	2 PARAGON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	LARKIN, MICHAEL J	2.2 NAME	
STREET ADDRESS	2 PARAGON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	2.4 CITY-ST-ZIP	
TITLE	CDP	3.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, J	3.2 NAME	
STREET ADDRESS	2 PARAGON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BROOKER, PETER R.	4.2 NAME	
STREET ADDRESS	2 PARAGON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	COURTNEY, TIMOTHY J.	5.2 NAME	
STREET ADDRESS	2 PARAGON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	O'GORMAN, PETER J	6.2 NAME	
STREET ADDRESS	2 PARAGON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert G. Ulrich 1-11-95 (201) 573-9700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0000762 CP