


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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **831186** (2)
1. Corporation Name
SUPERVALU STORES INC.

Principal Place of Business 11840 VALLEY VIEW ROAD EDEN PRAIRIE MN 55344	Mailing Address 11840 VALLEY VIEW ROAD EDEN PRAIRIE MN 55344
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1973	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 41-0617000		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EOPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, MICHAEL W	1.2 NAME	
STREET ADDRESS	7766 LOCHMERE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRARD, JEFFREY	2.2 NAME	Vice President
STREET ADDRESS	9481 OLYMPIA DRIVE	2.3 STREET ADDRESS	Pamela K. Knous
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	11840 Valley View Road
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, TERESA H.	3.2 NAME	Secretary
STREET ADDRESS	16847 TRENTON LANE	3.3 STREET ADDRESS	John P. Breedlove
CITY-ST-ZIP	EDEN PRAIRIE MN 55347	3.4 CITY-ST-ZIP	11840 Valley View Road
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGE, EDWIN C	4.2 NAME	
STREET ADDRESS	10000 HWY 55, GAGE MARKETING GROUP	4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	
TITLE	VI	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, KIM M	5.2 NAME	
STREET ADDRESS	3430 OAKTON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEHNEN, DAVID L	6.2 NAME	
STREET ADDRESS	11840 VALLEY VIEW ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIE MN	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.

SIGNATURE _____ Kim M. Erickson, VP/Treasurer, 4/10/98, 612.828.4471

CR2E034 (10/97)