

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 831186**

1. Entity Name  
**SUPERVALU STORES INC.**



Principal Place of Business  
**11840 VALLEY VIEW ROAD  
EDEN PRAIRIE, MN 55344**

Mailing Address  
**P.O BOX 990  
TAX DEPT.  
MINNEAPOLIS, MN 55440**



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-0617000**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME NODDLE, JEFFREY  
STREET ADDRESS 11840 VALLEY VIEW ROAD  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE S  
NAME BREEDLOVE, JOHN P  
STREET ADDRESS 11840 VALLEY VIEW ROAD  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE EVP  
NAME BOEHNEN, DAVID L  
STREET ADDRESS 11840 VALLEY VIEW ROAD  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE D  
NAME GAGE, EDWIN C  
STREET ADDRESS 10000 HWY 55, GAGE MARKETING GROUP  
CITY-ST-ZIP MINNEAPOLIS, MN 554416365

TITLE EVP  
NAME KNOUS, PAMELA  
STREET ADDRESS 11840 VALLEY VIEW ROAD  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

TITLE VP  
NAME STOFFEL, JAMES L  
STREET ADDRESS 11840 VALLEY VIEW ROAD  
CITY-ST-ZIP EDEN PRAIRIE, MN 55344

000000558858  
05/17/06-80113-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

**James L. Stoffel 428-06 952-294-7436**

Date

Daytime Phone #