## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 831/86 1. Entity Name

SUPERVALU, INC.



## FILED

03 APR 17 PH 12: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE

Principal Place of Business 840 Valley View Road 3. Mailing Address P.O. Box 990-Tax Dept. 700016210057 04/17/03--01039--011 \*\*150.00

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Eden Prairie, MN 5<sup>5</sup>344

4. FEI Number 41-0617000

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

Applied For

7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Roag

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, Lam familiar with, and accept the obligations of registered agent.

After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS President/Director TITLE NAME 4 TITLE Jeffrey Noddle 11840 Valley View Road Eden Prairie, MN 55344 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIF TETLE NAME NAME 11840 Valley View Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Eden Prairie, MN 55344 CITY: ST-7iF TITLE TITLE David L. Boehnen 11840 Valley View Road Eden Prairie, MN 55344 NAME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP THE TITLE 🔏 IN THIS SPACE Edwin C. Gage NAME NAME 10000 HWY. 55 Gage MKting finus Minneapolis Mn 55.441-6365 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, Executive Vice Prosident /CFO Pamela Knows. TITLE TITLE NAME 11840 Valley View Road STREET ADDRESS STREET ADDRESS Eden Prairie, MN 55344 CITY-ST-ZIP CITY ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 on an attachment with an address, with all other like empowered.

CITY: ST-ZIP

SIGNATURE:

CITY - ST - ZIP