

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833640

1. Entity Name

AMERICAN STORES COMPANY

Principal Place of Business

299 SOUTH MAIN STREET
SALT LAKE CITY UT 84111
US

Mailing Address

ATTN: TAX DEPARTMENT
P. O. BOX 27447
SALT LAKE CITY UT 84127-0447

2. Principal Place of Business

250 Park Center Blvd

3. Mailing Address

P.O. Box 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boise

City & State

Boise

Zip

83706

Country

Zip

83726

Country

4. FEI Number

87-0207226

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, TERESA 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LUND, VICTOR 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENCER, J. GREG 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV ANDERSON, KENT T. 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ELDRIDGE, PAUL W 299 SOUTH MAIN STREET SALT LAKE CITY FL 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOAN, MARY V 299 SOUTH MAIN STREET SALT LAKE CITY FL 84111	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	pros Gary G. Michael 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/p Bradley M. Vierig 299 South Main Stree Salt Lake City, UT 84111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kaye L. O'Riordan 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John F. Boyd 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Michael F. Reuling 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/R John T. Norton 299 S. Main St. Salt Lake City, UT 84111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bradley M. Vierig

BRADLEY M. VIERIG

4/27/00

(801) 461-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90043 049 ***150.00