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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED 1997

97 MAY 14 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 853082 (6)

1. Corporation Name
PLANMARK, INC.

Principal Place of Business

% SUPER VALU STORES, INC. CORP. TAX DEPT.
P.O. BOX 990
MINNEAPOLIS MN 55440

Mailing Address

% SUPER VALU STORES, INC. CORP. TAX DEPT.
P.O. BOX 990
MINNEAPOLIS MN 55440-0990

3. Date Incorporated or Qualified 06/08/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 41-1425949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

<input checked="" type="checkbox"/> TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LIBSON, NEIL H.	
STREET ADDRESS	11840 VALLEY VIEW RD.	
CITY-ST-ZIP	EDEN PRAIRE MN	
<input checked="" type="checkbox"/> TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, THOMAS P	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRE MN	
<input checked="" type="checkbox"/> TITLE	VT	<input type="checkbox"/> DELETE
NAME	HILLSTROM, RODNEY J.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRE MN	
<input checked="" type="checkbox"/> TITLE	VD	<input type="checkbox"/> DELETE
NAME	AZIZI, SHER A.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRE MN	
<input checked="" type="checkbox"/> TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEBBINS, KENNETH	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRE MN	
<input checked="" type="checkbox"/> TITLE	V	<input type="checkbox"/> DELETE
NAME	PHILLIPS, LINDA D.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRE MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Kenneth R. Stebbins*

Kenneth R. Stebbins, VP 4/17/97 612 828 4471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)