

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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/08/1982	
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		7. 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD LIBSON, NEIL H. 11840 VALLEY VIEW RD. EDEN PRAIRE MN	1.1 TITLE	Vice President/Secretary
NAME		1.2 NAME	John P. Breedlove
STREET ADDRESS		1.3 STREET ADDRESS	11840 Valley View Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Eden Prairie, MN 55344
DELETE	<input checked="" type="checkbox"/>	2.1 TITLE	
NAME	PD RYAN, THOMAS P 11840 VALLEY VIEW ROAD EDEN PRAIRE MN	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
DELETE	<input type="checkbox"/>	3.1 TITLE	
NAME	VT HILLSTROM, RODNEY J. 11840 VALLEY VIEW ROAD EDEN PRAIRE MN	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
DELETE	<input type="checkbox"/>	4.1 TITLE	
NAME	VD AZIZI, SHER A. 11840 VALLEY VIEW ROAD EDEN PRAIRE MN	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
DELETE	<input type="checkbox"/>	5.1 TITLE	
NAME	VD STEBBINS, KENNETH 11840 VALLEY VIEW ROAD EDEN PRAIRE MN	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
DELETE	<input type="checkbox"/>	6.1 TITLE	Vice President
NAME	V PHILLIPS, LINDA D. 11840 VALLEY VIEW ROAD EDEN PRAIRE MN	6.2 NAME	Stephen P. Kilgriff
STREET ADDRESS		6.3 STREET ADDRESS	11840 Valley View Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Eden Prairie, MN 55344

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

Kenneth P. Stebbins

Kenneth P. Stebbins

VP 4/10/98

612 S. 25th Ave

CR2E034 (10/97)