

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90071 028 ***150.00

DOCUMENT # 853082

1. Entity Name

PLANMARK, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1425949

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

George Schimonsky Sales Tax

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	BREEDLOVE, JOHN P.	
STREET ADDRESS	11840 VALLEY VIEW RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS P	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HILLSTROM, RODNEY J.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AZIZI, SHER A.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEBBINS, KENNETH	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KILGRIFF, STEPHEN P.	
STREET ADDRESS	11840 VALLEY VIEW ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)