


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90298 038 \*\*\*150.00

<b>DOCUMENT # 853082</b> 1. Entity Name <b>PLANMARK, INC.</b>			
Principal Place of Business % SUPER VALU STORES, INC. CORP. P.O. BOX 990 MINNEAPOLIS, MN 55440		Mailing Address % SUPER VALU STORES, INC. CORP. P.O. BOX 990 MINNEAPOLIS, MN 55440	
2. Principal Place of Business <b>SUPERVALU INC.</b> Suite, Apt. #, etc. <b>11840 Valley View Rd.</b> City & State <b>Eden Prairie, MN</b> Zip <b>55344</b> Country		3. Mailing Address <b>SUPERVALU INC.</b> Suite, Apt. #, etc. <b>PO BOX 990</b> City & State <b>Minneapolis, MN</b> Zip <b>55440</b> Country	
4. FEI Number <b>41-1425949</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPS</b> <b>BREEDLOVE, JOHN P.</b> <b>11840 VALLEY VIEW RD.</b> <b>EDEN PRAIRIE, MN 55344</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DIRECTOR</b> <b>JOHN T. DOMINO</b> <b>11840 Valley View Rd.</b> <b>Eden Prairie, MN 55344</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD</b> <b>RYAN, THOMAS P</b> <b>11840 VALLEY VIEW ROAD</b> <b>EDEN PRAIRIE, MN</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SENIOR VICE PRESIDENT,</b> <b>SHERY M. SMITH</b> <b>11840 Valley View Rd.</b> <b>Eden Prairie, MN 55344</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD</b> <b>AZIZI, SHER A.</b> <b>11840 VALLEY VIEW ROAD</b> <b>EDEN PRAIRIE, MN</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VD</b> <b>STEBBINS, KENNETH</b> <b>11840 VALLEY VIEW ROAD</b> <b>EDEN PRAIRIE, MN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP</b> <b>KILGRIFF, STEPHEN P.</b> <b>11840 VALLEY VIEW ROAD</b> <b>EDEN PRAIRIE, MN 55344</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP</b> <b>STOFFEL, JAMES L.</b> <b>11840 VALLEY VIEW ROAD</b> <b>EDEN PRAIRIE, MN 55344</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>JAMES L. STOFFEL</b> _____ <small>Date</small>	
		<b>4/8/05</b> _____ <small>Daytime Phone</small>	