

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # 853082

Entity Name
PLANMARK, INC.



Principal Place of Business
**SUPER VALU INC
11840 VALLEY VIEW RD
EDEN PRAIRIE, MN 55344**

Mailing Address
**SUPER VALUE INC
P.O. BOX 990
MINNEAPOLIS, MN 55440**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1425949

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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
BREEDLOVE, JOHN P.
11840 VALLEY VIEW RD.
EDEN PRAIRIE, MN 55344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOMINO, JOHN T
11840 VALLEY VIEW RD
EDEN PRAIRIE, MN 55344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
SMITH, SHERRY M
11840 VALLEY VIEW ROAD
EDEN PRAIRIE, MN 55344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STEBBINS, KENNETH
11840 VALLEY VIEW ROAD
EDEN PRAIRIE, MN**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KILGRIFF, STEPHEN P.
11840 VALLEY VIEW ROAD
EDEN PRAIRIE, MN 55344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
STOFFEL, JAMES L
11840 VALLEY VIEW ROAD
EDEN PRAIRIE, MN 55344**

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05/17/06-80113-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

James L. Stoffel 4-28-06 952-294-7136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #