**FILED**
**Apr 21, 2003 8:00 am**
**Secretary of State**
04-21-2003 91219 003 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857490

1. Entity Name
SUPER PLUS FOOD WAREHOUSE, INC.

11005532

| Principal Place of Business | Mailing Address |
|---|---|
| 2 PARAGON DR TAX DEPARTMENT<br>MONTVALE, NJ 07645 | 2 PARAGON DR TAX DEPARTMENT<br>MONTVALE, NJ 07645 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-2419532 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.<br>4455 OLD WINTER GARDEN ROAD<br>ORLANDO, FL 32811 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $400.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 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 | SVD<br>CONSTENTINT, WILLIAM P<br>2 PARAGON DR<br>MONTVALE, NJ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>COURTNEY, TIMOTHY<br>2 PARAGON DR<br>MONTVALE, NJ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Joseph J. Gorman<br>2 Paragon Dr. Montvale,NJ 07645 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>CULLIGAN, ELIZABETH<br>2 PARAGON DR<br>MONTVALE, NJ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>Brian Piwek<br>2 Paragon Dr. Montvale,NJ 07645 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (10/02)

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.

SIGNATURE: William P. Costantini 4-15-03 201-573-9700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #