


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 858259 1. Entity Name THE KROGER CO. OF OHIO	
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Principal Place of Business 1014 VINE STREET CINCINNATI, OH 45202-1100	Mailing Address 1014 VINE STREET CINCINNATI, OH 45202-1100
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0345740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DILLON, DAVID B 1014 VINE ST CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD MCMULLEN, RODNEY W 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS HELDMAN, PAUL W 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TV HENDERSON, SCOTT M 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCGEORGE, DON W 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SMITH, THOMAS A 1014 VINE ST CINCINNATI, OH 452021100

1100000541463
05/10/06-80060-013 150.00

**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: Beth Van Oplen Beth Van Oplen/Asst. Treas 4/27/06 513-7624401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

See Attached