

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 858259

1. Entity Name
THE KROGER CO. OF OHIO



Principal Place of Business
**1014 VINE STREET
CINCINNATI, OH 45202-1100**

Mailing Address
**1014 VINE STREET
CINCINNATI, OH 45202-1100**



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0345740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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, 2008 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
**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**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Smith / A.T.

4/22/08

Date

513-762-4401

Daytime Phone #