

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000855

Entity Name: HANNAFORD BROS. CO.

FILED
Mar 16, 2011
Secretary of State

Current Principal Place of Business:

145 PLEASANT HILL ROAD
LEGAL DEPT.
SCARBOROUGH, ME 04074

New Principal Place of Business:

Current Mailing Address:

145 PLEASANT HILL ROAD
LEGAL DEPT.
SCARBOROUGH, ME 04074

New Mailing Address:

FEI Number: 01-0085930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: HODGE, RONALD C
Address: 145 PLEASANT HILL ROAD
City-St-Zip: SCARBOROUGH, ME 04074

Title: P
Name: NEWLANDS CAMPBELL, BETH
Address: 145 PLEASANT HILL ROAD
City-St-Zip: SCARBOROUGH, ME

Title: SVP
Name: AMOROSO, GREGORY M
Address: 145 PLEASANT HILL ROAD
City-St-Zip: SCARBOROUGH, ME 04074

Title: SVP
Name: PEPIN, TOD P
Address: 145 PLEASANT HILL ROAD
City-St-Zip: SCARBOROUGH, ME 04074

Title: VP S
Name: TONER, LISA K
Address: 145 PLEASANT HILL ROAD
City-St-Zip: SCARBOROUGH, ME 04074

Title: T
Name: BOWNE, IV, GARRETT D
Address: 145 PLEASANT HILL ROAD
City-St-Zip: SCARBOROUGH, ME 04074

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA K. TONER

VP S

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date