DOCUMENT # F0100004584 1. Entity Name SAFEWAY INC.						Process of the same of			
SAFEVVA	r IINO.							FILE	Ī p
Principal Place of Business Mailing Address					$\overline{}$,02 AUG 13 PM 2: 15			
	IDGE MALL ROAD CA 94588-3229	5918 STONERIDGE MALL ROAD PLEASANTON CA 94588-3229			SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal P	face of Business	3. Mailing Address					III OOMTI II NA BOMI OOMII O	a nin da nii ad in a h a h a hd	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e	City & State				4. FEI Number	94-3019135	⊢	pplied For ot Applicable
Zip	Country	Zip Count		ry	5. Certificate of Status Desired		Status Desired	\$8.75 Ad	
	6. Name and Address of Current R	egistered Agent		NI		7. Name and A	ddress of New Reg	istered Agent	
MP TOTALCARE, INC.				Name Corporation Service Company					
	TH WARE BOULEVARD		Street Act	reet Address (P.O. Box Number is Not Acceptable)					
tampa fi	_ 33619					<u> </u>			
						assee		FL Zig23	
 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. Cynthia I					egistere	ed agent, or both,	in the State of Florid	la. I am familiar with	and accept
Court of the proper as its agent 8/13/02								1	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	Agent signature	e required v	when reinstating)		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 13, 2: Make Check Payable				ee will be	\$750.0	10 ' Trust	ion Campaign Finan Fund Contribution.	~	00 May Be d to Fees
11.	OFFICERS AND D		12.				HANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Delete BURD, STEVEN A 2130 LAS TRAMPAS ROAD ALTARNO CA 94507			ET ADDRESS ST-ZIP	Bra 315	easurer. Fox adley S. Fox 5 Lowell Lane fayette, CA 94549			
TITLE	٧	☐ Delete	TITLE		Ass	istant Tr	easurer	☐ Change	X Addition
NAME	RENDA, LARREE M			T ADDOFEC		obin H. Knight			
STREET ADDRESS CITY-ST-ZIP	450 MOSELEY ROAD HILLSBOROUGH CA 94019			T ADDRESS ST-ZIP		186 Mazuela Drive akland, CA 94611			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DREILING, RICHARD W 3729 ROSE ROCK CIRCLE PLEASANTON CA 94588	☐ Delete	1	1				☐ Change	☐ Addition
TITLE	VCF0	☐ Delete	TITLE				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	PRABHU, VASANL M		NAME						-sal
STREET ADDRESS CITY-ST-ZIP	298 BARRINGTON LANE ALAMO CA 94507		1	ET ADDRESS ST-ZIP		3	000007	07890.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOND, DAVID F 24 VIRGINIA COURT WALNUT CREEK CA 94596	☐ Delete					A SECONDARY PROPERTY.	☐ Change	☐ Addition
TITLE	V DOME DOME D	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	WRIGHT, DONALD P 631 SILVER LAKE DRIVE		NAME STREE	T ADDRESS					, 1 1
CITY-ST-ZIP	DANVILLE CA 94526		CITY-	ST-ZIP			ad de con c'e		M
13. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is	this filing does not qualify for t true and accurate and that my	he exen	nption state ure shall hav	d in Sec ve the sa	tion 119.07(3)(i), ame legal effect a	Florida Statutes. I fu as if made under oatl	rther certify that the	nformation r or director

indicated on inits report or supplemental report is true and accurate and nat my signature snail have the same legal effect as it 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. ROBIN H. Knight

8/9/02 Date

(925) 467-3312 Daytime Phone #



August 9, 2002

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Safeway Inc. (Taxpayer) - 94-3019135

2002 Uniform Business Report

Taxpayer's 2002 Uniform Business Report fee of \$150.00 is being submitted by Taxpayer's official agent, Corporation Service Company. Additionally, Taxpayer respectfully requests that the late filing charge of \$400.00 be waived. Taxpayer did not receive notice of this filing requirement until July 2002.

Taxpayer also formally requests a change of agent address. The third party entity currently listed as Taxpayer's agent, MP Totalcare, Inc., is not contracted by Taxpayer to perform the function of agent.

Very truly yours,

Robin H. Knight

Assistant Treasurer

Enclosure





ACCOUNT NO. : 072100000032

REFERENCE: 702059 4332332

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 12, 2002

ORDER TIME : 11:13 AM

ORDER NO. : 702059-010

CUSTOMER NO: 4332332

CUSTOMER: Ms. Marsha Dschaak

Safeway Inc.

5918 Stoneridge Mall Road

Pleasanton, CA 94588-3229

CHANGE OF AGENT/ANNUAL REPORT

NAME: SAFEWAY INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

NOTES: See client letter attached.

CONTACT PERSON: Norma Hull