

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000004584

1. Entity Name
SAFEWAY INC.



FILED
Apr 04, 2007 08:00 A
Secretary of State

Principal Place of Business
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 94588-3229

Mailing Address
TAX DIVISION
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 94588-3229



03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3019135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
PCD
BURD, STEVEN A
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 945883229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FOX, BRADLEY S
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 94588

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCHMIT, GARY
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 94588

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GORDON, ROBERT A
5918 STONERIDGE MALL ORAD
PLEASANTON, CA 94588

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BOND, DAVID F
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 345883229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
KNIGHT, ROBIN H
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 94588

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04/11/07-80040-002 150.00

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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: Robin H. Knight Robin H. Knight, Asst. Treasurer 3/28/07 925-226-5312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #