

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000004584

1. Entity Name
SAFeway INC.



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

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



02012008 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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	PCD
NAME	BURD, STEVEN A
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 945883229
TITLE	T
NAME	FOX, BRADLEY S
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588
TITLE	V
NAME	SCHMIT, GARY
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588
TITLE	S
NAME	GORDON, ROBERT A
STREET ADDRESS	5918 STONERIDGE MALL ORAD
CITY-ST-ZIP	PLEASANTON, CA 94588
TITLE	V
NAME	BOND, DAVID F
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 345883229
TITLE	AT
NAME	KNIGHT, ROBIN H
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588

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04/10/08-80010-015 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin H. Knight, Asst. Treasurer

March 19, 2008 925-226-5312

Date

Daytime Phone #