2005 FOR PROFIT CORPORATION

May 04, 2005 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # F01000006043 1. Entity Name 05-04-2005 90115 012 ***150.00 KROGER GROUP COOPERATIVE, INC. Principal Place of Business Mailing Address 1014 VINE STREET 1014 VINE STREET CINCINNATI OH 45202 CINCINNATI OH 45202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 31-1809025 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete HHE VATO ☐ Change **Addition** Beth Van Oflen NAME PICHLER, JOSEPH A NAME STREET ADDRESS 1014 VINE STREET 1014 Vine Street STREET ADDRESS Cincinnati, bH 45202 CITY-ST-ZIP CINCINNATI OH 45202 CITY-ST-7IP TITLE ☐ Delete TITLE 💢 Change ☐ Addition NAME DILLON, DAVID B NAME STREET ADDRESS 1014 VINE STREET STREET ADDRESS CINCINNATI OH 45202 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD Delete TITLE VS Change Addition NAME HELDMAN, PAUL W STREET ADDRESS STREET ADDRESS 1014 VINE STREET CITY-ST-7IP CITY-ST-7IP CINCINNATI OH 45202 TITLE ☐ Change Addition ☐ Delete TITLE HENDERSON, SCOTT M NAME NAME STREET ADDRESS 1014 VINE STREET STREET ADDRESS CITY-ST-ZIP CINCINNATI OH 45202 CITY-ST-ZIP VAS THILE ☐ Delete Change ☐ Addition CUTRIGHT SARRA, MARTHA NAME NAME 1014 VINE STREET STREET ADDRESS STREET ADDRESS CINCINNATI OH 45202 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VASD

GACK, BRUCE M

1014 VINE STREET

CINCINNATI OH 45202

much SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Smith AT 4/29/05
ORDIRECTOR Date

FILED

☐ Change

Addition