


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000006043</b> 1. Entity Name KROGER GROUP COOPERATIVE, INC.	
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Principal Place of Business 1014 VINE STREET CINCINNATI, OH 45202	Mailing Address 1014 VINE STREET CINCINNATI, OH 45202
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1809025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

5. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VATD OFLEN, BETH VAN 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DILLON, DAVID B 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HELDMAN, PAUL W 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT HENDERSON, SCOTT M 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS CUTRIGHT SARRA, MARTHA 1014 VINE STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VASD GACK, BRUCE M 1014 VINE STREET CINCINNATI, OH 45202

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05/10/06-80060-012 150.00

**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: Beth Van Oflen Beth Van Oflen/Asst. Treas. 4/27/06 513-762-4401  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*See Attached*