

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90031 007 ***150.00

DOCUMENT # F04000001727 1. Entity Name SAFeway CORPORATION OF INDIANA					
Principal Place of Business 5250 EAST U.S. HIGHWAY 36 SUITE 710 AVON, IN 46123			Mailing Address 5250 EAST U.S. HIGHWAY 36 SUITE 710 AVON, IN 46123		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 35-1672517	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, JAMES C 1150 SHINNECOCK CREST AVON, IN 46123	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jennifer Pearcy 376 Urban St Danville, IN 46122	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, MARK A 839 FERNWOOD COURT INDIANAPOLIS, IN 46234	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Flory Phillips 1150 Shinnecock Crest Avon, IN 46123	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shannon Vickery 8029 W 100 South Jamestown, IN 46147	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition
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: Shannon Vickery SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/25/08 317 881 6200 Date Daytime Phone #		