


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000002260</b> 1. Entity Name <b>ASSOCIATED WHOLESALE GROCERS, INC.</b>	
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Principal Place of Business <b>5000 KANSAS AVENUE KANSAS CITY, KS 66106</b>	Mailing Address <b>P.O. BOX 2932 KANSAS CITY, KS 66110-2932</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>48-0614866</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, GARY L 5000 KANSAS AVENUE KANSAS CITY, KS 66106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GARLAND, JERRY 5000 KANSAS AVENUE KANSAS CITY, KS 66106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WALKER, ROBERT Z 5000 KANSAS AVENUE KANSAS CITY, KS 66106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAND, MICHAEL L 5000 KANSAS AVENUE KANSAS CITY, KS 66106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFFORD, BOB 208 LINCOLN DR FREDERICKTOWN, MO 63645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, DONALD C JR 703 E COLLEGE BOLIVAR, MO 65613

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05/05/06-80054-005 150.00

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:**  **Gary Phillips** **3/29/06** **913-288-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayote Phone #