

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90085 006 \*\*\*150.00

<b>DOCUMENT # F06000006111</b> 1. Entity Name <b>MARSH SUPERMARKETS HOLDING CORP.</b>					
Principal Place of Business <b>5200 TOWN CENTER CIRCLE SUITE 470 BOCA RATON, FL 33486</b>			Mailing Address <b>5200 TOWN CENTER CIRCLE SUITE 470 BOCA RATON, FL 33486</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03122007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>20-5481568</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS <b>BLECHMAN, DAVID</b> <input type="checkbox"/> Delete <b>375 PARK AVENUE, SUITE 302</b> <b>NEW YORK, NY 10152</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO &amp; President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>FRANK LAZARAN</b> <b>9800 CROSSPOINT BLVD</b> <b>INDIANAPOLIS, IN 46250-3350</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BLECHMAN, DAVID</b> <b>375 PARK AVENUE, SUITE 302</b> <b>NEW YORK, NY 10152</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sen. VP - Human Resources</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>David M. Redden</b> <b>9800 CROSSPOINT BLVD.</b> <b>INDIANAPOLIS, IN 46250-3350</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. - TREASURY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rick Hall</b> <b>9800 CROSSPOINT BLVD</b> <b>INDIANAPOLIS, IN 46250-3350</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>General Counsel-Asst. Secy.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Laura S. Gretencord</b> <b>9800 CROSSPOINT BLVD</b> <b>INDIANAPOLIS, IN 46250-3350</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					