2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# F07000004487

Entity Name: ASSOCIATED WHOLESALE GROCERS, INC.

Current Principal Place of Business:

5000 KANAS AVE
KANASAS CITY, KS 66106

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2932
KANSAS CITY, KS 661102932

New Mailing Address:

FEI Number: 48-0614866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: PHILLIPS, GARY L
Address: 5000 KANAS AVE
City-St-Zip: KANASAS CITY, KS 66106

Title: VS ( ) Delete
Name: GARLAND, JERRY
Address: 5000 KANAS AVE
City-St-Zip: KANASAS CITY, KS 66106

Title: CS ( ) Delete
Name: PELLIGRINO, FRANCES
Address: 5000 KANSAS AVENUE
City-St-Zip: KANASAS CITY, KS 66106

Title: CFO ( ) Delete
Name: WALKER, ROBERT Z
Address: 5000 KANAS AVE
City-St-Zip: KANASAS CITY, KS 66106

Title: V (X) Delete
Name: RAND, MICHAEL L
Address: 5000 KANAS AVE
City-St-Zip: KANASAS CITY, KS 66106

Title: D ( ) Delete
Name: BALL, DAVID
Address: 5300 SPEAKER ROAD
City-St-Zip: KANASAS CITY, KS 66106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: GARLAND, JERRY
Address: 5000 KANAS AVE
City-St-Zip: KANASAS CITY, KS 66106

Title: VS (X) Change ( ) Addition
Name: MIKE, RAND
Address: 5000 KANAS AVE
City-St-Zip: KANASAS CITY, KS 66106

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY KOCH VP 03/30/2009

Electronic Signature of Signing Officer or Director Date