2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9300000550 1. Entity Name SMART & FINAL, INC.					Secretary of State 04-08-2002 90248 008 ***150.00			
Principal Place of Business Mailing Address								
600 CITADEL DRIVE COMMERCE CA 90040 US		P.O. BOX 512377 LOS ANGELES CA 90051-0377 US			DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4. F	El Number 95-4079584		plied For t Applicable	
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	□ \$8.75 Add Fee Required		
	6. Name and Address of Current Re	gistered Agent	Name	7. N	ame and Address of New Reg	istered Agent		
			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
PEANIAII	UN FL 33324	City		***		FL Zip Code	э .	
SIGNATURE .	named entity submits this statement for the stat	title if applicable. (NOTE:	Registered Agent signature	e required when re		DATE		
			! FEE IS \$150.0 2 Fee will be \$55 e to Department	e will be \$550.00 Department of State Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ROEDER, ROSS E 600 CITADEL DRIVE COMMERCE CA 90040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP CHIAVELLI, DENNIS 600 CITADEL DRIVE COMMERCE CA 90040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCF LYNCH, MARTIN A 600 CITADEL DRIVE COMMERCE CA 90040	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 CITA	IRICHARD ADEL DRIVE CE, CA 90040	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS ALVARADO, DONALD G 600 CITADEL DRIVE COMMERCE CA 90040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		`	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUICHARD, ANTOINE 24 RUE DE LA MONTAT ST. ETIENNE, FRANCE	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, DAVID 600 CITADEL DRIVE COMMERCE CA 90040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby indicated of the co-	certify that the information supplied with the don this report or supplemental report is to reporation or the receiver or trustee empower, or on an attachment with an address, with the content of the c	nis filing does not qualify for ue and accurate and that me ered to execute this report a mall ther like empowered.	the exemption state y signature shall ha as required by Chap	ed in Section ave the same oter 607, Flori Richar	119.07(3)(i), Florida Statutes. I fullegal effect as if made under oat da Statutes: applicat my name a	urther certify that the li th; that I am an officer appears in Block 11 or	nformation or director r Block 12 if	

SIGNATURE:

AUIRED

Senior Vice President & Chief Financial Officer 4 2 02 923 869 - 7514