

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90170 049 \*\*\*150.00

**DOCUMENT # F93000000554**

1. Entity Name  
**SMART & FINAL STORES CORPORATION**

Principal Place of Business  
**600 CITADEL DRIVE  
 COMMERCE CA 90040  
 US**

Mailing Address  
**P.O. BOX 512377  
 LOS ANGELES CA 90091-0377  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>95-4297897</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCEO	<input type="checkbox"/> Delete	TITLE	ROEDER, ROSS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEGER, ROSS E		NAME		
STREET ADDRESS	600 CITADEL DR.		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE CA 90040		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, SUZANNE		NAME		
STREET ADDRESS	600 CITADEL DR		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE CA 90040		CITY-ST-ZIP		
TITLE	EVCF	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, M. A		NAME		
STREET ADDRESS	600 CITADEL DR		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE CA 90040		CITY-ST-ZIP		
TITLE	RVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDINI, ANTHONY		NAME		
STREET ADDRESS	600 CITADEL DR		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE CA 90040		CITY-ST-ZIP		
TITLE	VPCS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, DONALD G		NAME		
STREET ADDRESS	600 CITADEL DR		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE CA 90040		CITY-ST-ZIP		
TITLE	EVPO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIAVELLI, DENNIS		NAME		
STREET ADDRESS	600 CITADEL DR		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE CA 90040		CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN A. LYNCH 4/26/01 323-869-7514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)