2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# F93000005206

Entity Name: SUPERVALU TRANSPORTATION, INC.

Current Principal Place of Business:

11840 VALLEY VIEW ROAD
EDEN PRAIRIE, MN 55344

New Principal Place of Business:

Current Mailing Address:

ATTN CORP TAX
PO BOX 20
BOISE, ID 83726 US

New Mailing Address:

FEI Number: 41-1702021 **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: P/D ( ) Delete
Name: HEYING, GREGORY C
Address: 19011 LAKE DR E
City-St-Zip: CHANHASSEN, MN 55317

Title: V ( ) Delete
Name: BORMAN, KAREN T
Address: 11840 VALLEY VIEW ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V/S ( ) Delete
Name: BREEDLOVE, JOHN P
Address: 11840 VALLEY VIEW ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V/T ( ) Delete
Name: BOYD, JOHN F
Address: 250 PARKCENTER BLVD
City-St-Zip: BOISE, ID 83706

Title: V ( ) Delete
Name: TROYER, DOYLE J
Address: 250 PARKCENTER BLVD
City-St-Zip: BOISE, ID 83706

Title: V/D ( ) Delete
Name: BOEHNEN, DAVID L
Address: 11840 VALLEY VIEW RD
City-St-Zip: EDEN PRAIRIE, MN 55344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: DOYLE J TROYER V 04/02/2009

Electronic Signature of Signing Officer or Director Date