

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90145 001 \*\*\*450.00

**DOCUMENT # F94000005098**

1. Entity Name

**PERFORMANCE FOOD GROUP COMPANY**

Principal Place of Business

**12500 WEST CREEK PARKWAY  
 RICHMOND VA 23238**

Mailing Address

**12500 WEST CREEK PARKWAY  
 RICHMOND VA 23238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**54-0402940**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 E. PARK AVE.  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	<b>SLEDD, ROBERT C</b>	
STREET ADDRESS	<b>12500 WEST CREEK PARKWAY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23238</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>AUSTIN, JOHN</b>	
STREET ADDRESS	<b>12500 WEST CREEK PARKWAY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23238</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BOEVE, ROGER L</b>	
STREET ADDRESS	<b>12500 WEST CREEK PARKWAY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23238</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GRAY, MICHAEL C</b>	
STREET ADDRESS	<b>12500 WEST CREEK PARKWAY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23238</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GRAVEN, TIMOTHY M</b>	
STREET ADDRESS	<b>12500 WEST CREEK PARKWAY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23238</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ADAIR, CHARLES E</b>	
STREET ADDRESS	<b>12500 WEST CREEK PARKWAY</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23238</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 another name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

804-484-7781

Daytime Phone #

CR2E034 (9/01)