1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003939

PIGGLY WIGGLY COMPANY

Principal Place of Business

Mailing Address

6301 WATERFORD BLVD. OKLAHOMA CITY OK 73118 6301 WATERFORD BLVD. OKLAHOMA CITY OK 73118

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90140 050 ***150.00



OKDARIOMA GIT	7 OK 75170	ONLANOMA OTT ON 73710				DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualifed			
						08/15/1995			
2. Principal Pla	ace of Business	2a. Mailing Address			4.	4. FEI Number			Applied For
21		26			Ì	73-1477999			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27	_ ~~	<u></u>	.3.	· Certifcate of Status Desired		Fee	Required
City & State	3	City & State			6.	· Election Campaign Financing		\$5.0	0 May Be
23		28			\	Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Countr	у	8	. This corporation owes the cur	rent year inta	angible	
24	25	29 30]			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10	Name and Address of New	Registered /	Agent	
-			81	Name					į
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)					
1200		62 Street Address (F.O. Box Number is Not Accep			abici				
PLANTATION FL 33324			83	3					
						<u></u>		lar Z	in Codo
			84	City			FL	85 Zi	ip Code
11 Dureuant 6	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes.	the abov	/e-named c	corporatio	on submits this statement for the	purpose of	i changing	its registered
office or re	scietared agent or both in the State o	f Florida. Such change was suffi	onzea ov	/ the corpo	oration's b	oard of directors. I hereby acce	pt the appoir	ntment as	registered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statute	S.					
SIGNATURE	Sharehar hand as added name of registered point	and title if applicable (NOTE: Rev	nistered An	ent signature re	equired when	reinstating)	DATE	-	ì
Cognition, types of princes have				13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Chang	
NAME.	WRIGHT, LARRY F.	_	1.2 NAME		1116	light, Larry	<u>~</u> .	•	•
	1991 CORPORATE AVE.			ET ADDRESS	00				
STREET ADDRESS	MEMPHIS TN 38132		1.4 CITY-ST-ZIP			-			
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	31-ZIF	<u></u>	,		Chang	e Addition
TITLE	V		2.2 NAME					_ `	,
NAME	NOCELL, JOHN A								
STREET ADDRESS	1504 OOM ONNE ME		2.3 STREET ADDRESS				_	_	.]
CITY-ST-ZIP	MEMPHIS TN 38132			ST-ZIP				Chang	e Addition
TITLE	43U		3.1 TITLE					☐ Chang	ge
NAME	ACIONE, DAVIE II		3.2 NAME		ļ				
STREET ADDRESS	6301 WATERFORD BLVD.		3.3 STRE	ET ADDRESS					
CITY-ST-ZiP	OKLAHOMA CITY OK 73118		3.4. CITY-ST-ZIP		ļ	·			Addition
TITLE	<i>→</i>		4.1 TITLE					Chan	ge Addition
NAME	WINN, HARRY L	Y L 4.2		:					
STREET ADDRESS	6301 WATERFORD BLVD.		4.3 STRE	ET ADDRESS	ŀ				
CITY-ST-ZIP	OND WITCH CITY CITY CITY		4.4 CITY-ST-ZIP						
TITLE	V	☐ DELETE	5.1 TITLE					☐ Chan	ge 🗌 Addition
NAME	JORDAN, JANICE L		5.2 NAME						
STREET ADDRESS	1991 CORPORATE AVE		5.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MEMPHIS TN 38132		5.4 CITY-	ST-ZIP		•			
TITLE	AS	☐ DELETE	6.1 TITLE		ĺ			☐ Chan	ge 🔲 Addition
NAME	NEUMEISTER, MARK O		6.2 NAME						ļ
STREET ADDRESS	6301 WATERFORD BLVD.		6.3 STRE	ET ADDRESS	}	ο Λ.		1	{
	OKLAHOMA CITY OK 73118		6.4 CITY-			Jeett	adon	d	
CITY-ST-ZIP	certify that the information supplied with	h this filing does not qualify for th			ı d in Sectio	on 119.07(3)(i), Florida Statutes.	. I further cer	tify that th	ne information

4. 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 informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.99

}____

840720

Daytime Phone

CR2E034 (11/98)