

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000003394

1. Entity Name
PATHMARK ADMINISTRATORS, INC.



Principal Place of Business
5900 O STREET
LINCOLN, NE 68510

Mailing Address
5900 O STREET
LINCOLN, NE 68510

FILED
Jan 31, 2008 08:00 A
Secretary of State



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0642538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
MARTIN, JOANN M
5900 O STREET
LINCOLN, NE 68510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
LANGE, ROBERT G
5900 O STREET
LINCOLN, NE 68510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SERNETT, GREGORY C
5900 O STREET
LINCOLN, NE 68510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LESTER, WILLIAM W
5900 O STREET
LINCOLN, NE 68510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BARTH, ROBERT C
5900 O STREET
LINCOLN, NE 68510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000806595
02/06/08-80048-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert G. Lange

Robert G. Lange

January 25, 2008 800-745-1112 x84249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #