

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09092

1. Entity Name

AMERICAN STORES PROPERTIES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90038 027 ***150.00

Principal Place of Business

299 SOUTH MAIN STREET
SALT LAKE CITY UT 84111
US

Mailing Address

ATTN TAX DEPT
P O BOX 27447
SALT LAKE CITY UT 84127-0447
US

2. Principal Place of Business

250 Park Center BWD

3. Mailing Address

P.O. Box 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boise

City & State

Boise

4. FEI Number

87-0347040

Applied For

Not Applicable

Zip

83706

Country

Zip

83726

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TGM	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, KENT T	
STREET ADDRESS	299 SOUTH MAIN STREET	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BECK, TERESA	
STREET ADDRESS	299 SOUTH MAIN STREET	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ELDRIDGE, PAUL W	
STREET ADDRESS	299 SOUTH MAIN STREET	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPENCER, GREG	
STREET ADDRESS	299 SOUTH MAIN STREET	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, MARY V	
STREET ADDRESS	299 SOUTH MAIN STREET	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	SCHERER DONN D.	
STREET ADDRESS	1955 WEST NO. AVE.	
CITY-ST-ZIP	MELROSE PARK IL 60160	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary G. Michael	
STREET ADDRESS	250 Park Center Blvd.	
CITY-ST-ZIP	Boise, ID 83706	
TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradley M. Vierig	
STREET ADDRESS	299 South Main Stree	
CITY-ST-ZIP	Salt Lake City, UT 84111	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael F. Reuling	
STREET ADDRESS	250 Park Center Blvd.	
CITY-ST-ZIP	Boise, ID 83706	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kaye L. O'Riordan	
STREET ADDRESS	250 Park Center Blvd.	
CITY-ST-ZIP	Boise, ID 83706	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John F. Boyd	
STREET ADDRESS	250 Park Center Blvd.	
CITY-ST-ZIP	Boise, ID 83706	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas R. Saldin	
STREET ADDRESS	250 Park Center Blvd.	
CITY-ST-ZIP	Boise, ID 83706	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Bradley M. Vierig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley M. Vierig

4/27/00

(801) 961-3520
Daytime Phone #

CR2E034 (9/99)