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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P10668** **(2)**

1. Corporation Name
FOOD LION, INC.

Principal Place of Business
2110 EXECUTIVE DR (281451330)
P.O.BOX 1330
SALISBURY NC 28145-8330

Mailing Address
2110 EXECUTIVE DR (281451330)
P.O.BOX 1330
SALISBURY NC 28145-1330

3. Date Incorporated or Qualified: **07/03/1986**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **56-0660192** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	PIERRE-OLIVIER BECKER		1.2 NAME	SAME	
STREET ADDRESS	53, RUE OSSEGHEM		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	1080 BRUXELLES BELGIUM	
TITLE	PDC	☐ DELETE	2.1 TITLE	CEO	☒ Change ☐ Addition
NAME	SMITH, TOM E.		2.2 NAME	SAME	
STREET ADDRESS	RT 6 BOX 468B		2.3 STREET ADDRESS	355 CHANDLER RD.	
CITY-ST-ZIP	SALISBURY NC		2.4 CITY-ST-ZIP	SALISBURY NC 28147	
TITLE	T	☐ DELETE	3.1 TITLE	SAME	☒ Change ☐ Addition
NAME	PRICE, MICHAEL		3.2 NAME	17312 COVE VIEW CT	
STREET ADDRESS	P.O. BOX 1330 NA		3.3 STREET ADDRESS	CORNELIUS NC 28031	
CITY-ST-ZIP	SALISBURY NC		3.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	BOONE, DAN A.		4.2 NAME	R. WILLIAM MCCANLESS	
STREET ADDRESS	250 IKERD DR.		4.3 STREET ADDRESS	244 Confederate Ave	
CITY-ST-ZIP	CONCORD NC		4.4 CITY-ST-ZIP	SALISBURY NC 28144	
TITLE	D	☐ DELETE	5.1 TITLE	SAME	☒ Change ☐ Addition
NAME	BERNARD W. FRANKLIN		5.2 NAME	SAME	
STREET ADDRESS	1315 OAKWOOD AVE.		5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	RALEIGH NC		5.4 CITY-ST-ZIP	RALEIGH NC 27610-2298	
TITLE	D	☐ DELETE	6.1 TITLE	SAME	☒ Change ☐ Addition
NAME	JACQUELINE K. COLLAMORE		6.2 NAME	SAME	
STREET ADDRESS	12 EAST 49TH ST.		6.3 STREET ADDRESS	5206 Norway Drive	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	Chevy Chase MD 20815	

CR2E034 (9/96)

14. I do 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 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.

SIGNATURE: R. WILLIAM MCCANLESS SECRETARY — 704-633-8250 ext. 2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010351