

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10668

FILED
Apr 17, 2009
Secretary of State

Entity Name: DELHAIZE AMERICA, INC.

Current Principal Place of Business:

CORPORATE TAX DEPARTMENT
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147 US

New Principal Place of Business:

LEGAL AFFAIRS DEPARTMENT
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147 US

Current Mailing Address:

CORPORATE TAX DEPARTMENT
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147 US

New Mailing Address:

LEGAL AFFAIRS DEPARTMENT
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147 US

FEI Number: 56-0660192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BECKER, PIERRE-OLLIVIE
Address: 2110 EXECUTIVE DR
City-St-Zip: SALISBURY, NC 28147

Title: EVP () Delete
Name: WALLER, MICHAEL R
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28147

Title: T () Delete
Name: JAMES, RICHARD
Address: 2110 EXECUTIVE DR
City-St-Zip: SALISBURY, NC 28147

Title: AS () Delete
Name: EVANS, G.LINN
Address: 2110 EXECUTIVE DR
City-St-Zip: SALISBURY, NC 28147

Title: EVP () Delete
Name: OWENS, CRAIG B
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28147

Title: EVP () Delete
Name: HERNDON, CAROL M
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. LINN EVANS

AS

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date