

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90113 022 \*\*\*150.00

0663862 AB

**DOCUMENT # P10668**

1. Entity Name  
**DELHAIZE AMERICA, INC.**



Principal Place of Business  
**CORPORATE TAX DEPARTMENT  
2110 EXECUTIVE DRIVE  
SALISBURY NC 28145  
US**

Mailing Address  
**CORPORATE TAX DEPARTMENT  
2110 EXECUTIVE DRIVE  
SALISBURY NC 28145  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-0660192**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays St.**  
City **Tallahassee** FL Zip Code **32301-2005**

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]*

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☒ Delete  
NAME **MCCANLESS, WILLIAM R**  
STREET ADDRESS **2110 EXECUTIVE DR**  
CITY-ST-ZIP **SALISBURY NC 28145**

TITLE **Executive Vice President** ☐ Change ☒ Addition  
NAME **Paul Fritzson**  
STREET ADDRESS **2110 Executive Drive**  
CITY-ST-ZIP **Salisbury, NC 28145**

TITLE **DC** ☐ Delete  
NAME **BECKERS, PIERRE-OLIVIER**  
STREET ADDRESS **DELHAIZE DE LION, 53 RUE OSSENGHEM**  
CITY-ST-ZIP **1080 BRUXELLES, BELGIUM**

TITLE **CEO & President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AST** ☐ Delete  
NAME **JAMES, RICHARD**  
STREET ADDRESS **2110 EXECUTIVE DR**  
CITY-ST-ZIP **SALISBURY NC 28145**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **EVANS, G.LINN**  
STREET ADDRESS **2110 EXECUTIVE DR**  
CITY-ST-ZIP **SALISBURY NC 28145**

TITLE **Assistant Secretary** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Executive Vice President** ☐ Change ☒ Addition  
NAME **Carol M. Herndon**  
STREET ADDRESS **2110 Executive Drive**  
CITY-ST-ZIP **Salisbury, NC 28145-1330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary and Executive VP** ☐ Change ☒ Addition  
NAME **Michael R. Waller**  
STREET ADDRESS **2110 Executive Drive**  
CITY-ST-ZIP **Salisbury, NC 28145-1330**

12. 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)