2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004038

Entity Name: SAFWAY GROUP HOLDING LLC

Current Principal Place of Business:

1325 COBB INTERNATIONAL DRIVE
KENNESAW, GA 30152

Current Mailing Address:

1325 COBB INTERNATIONAL DRIVE
KENNESAW, GA 30152 US

FEI Number: 80-0852718

FILED
Mar 27, 2019
Secretary of State
7135663046CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title	MGRM
Name	BADGER INTERMEDIATE HOLDING LLC
Address	N19 W24200 RIVERWOOD DR
City-State-Zip:	WAUKESHA WI 53188

Title	VP, CFO
Name	ERTEL, KEVIN
Address	1325 COBB INTERNATIONAL DRIVE
City-State-Zip:	KENNESAW GA 30152

Title	TREASURER
Name	MONDI, NIKOLAI J.
Address	1325 COBB INTERNATIONAL DRIVE
City-State-Zip:	KENNESAW GA 30152

Title	SECRETARY
Name	RICHWINE, LYNLEIGH
Address	1325 COBB INTERNATIONAL DRIVE
City-State-Zip:	KENNESAW GA 30152

Title	PRESIDENT
Name	WITSKEN, DAVID
Address	1325 COBB INTERNATIONAL DRIVE
City-State-Zip:	KENNESAW GA 30152

Title	VP
Name	SHANBHAG, MANISH
Address	1325 COBB INTERNATIONAL DRIVE
City-State-Zip:	KENNESAW GA 30152

Title	VP
Name	HEATH, ROBERT D.
Address	1325 COBB INTERNATIONAL DRIVE
City-State-Zip:	KENNESAW GA 30152

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNLEIGH RICHWINE SECRETARY 03/27/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date