

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004487

Entity Name: ASSOCIATED WHOLESALE GROCERS, INC.**Current Principal Place of Business:**5000 KANAS AVE
KANASAS CITY, KS 66106**Current Mailing Address:**5000 KANSAS AVENUE
KANASAS CITY, KS 66106 US**FEI Number: 48-0614866****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**Officer/Director Detail :**

Title	PCEO
Name	SMITH, DAVID
Address	5000 KANAS AVE
City-State-Zip:	KANASAS CITY KS 66106

Title	VP
Name	PEDERSEN, JEFF
Address	5000 KANSAS AVENUE
City-State-Zip:	KANASAS CITY KS 66106

Title	D
Name	BALL, DAVID
Address	5300 SPEAKER ROAD
City-State-Zip:	KANASAS CITY KS 66106

Title	COO
Name	FUNK, DAN
Address	5000 KANSAS AVE
City-State-Zip:	KANASAS CITY KS 66106

Title	DIRECTOR
Name	BROWN, JIM
Address	5000 KANAS AVE
City-State-Zip:	KANASAS CITY KS 66106

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 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 all other like empowered.

SIGNATURE: DAVID SMITH**PRESIDENT****02/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date