

1.) CORPORATION NAME:

Ahold Lease U.S.A., Inc.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1458514**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1385 HANCOCK ST
ATTN LEGAL DEPT

CITY/ST/ZIP: QUINCY, MA 02169

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CARL SCHLICHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES CEO		
ADDRESS:	1385 HANCOCK ST		
CITY/ST/ZIP/CO:	QUINCY, MA 02169		

NAME:	STEVEN F. ROWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	1385 HANCOCK ST		
CITY/ST/ZIP/CO:	QUINCY, MA 02169-5103		

NAME:	THOMAS A HIPPLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GC/S		
ADDRESS:	1385 HANCOCK STREET		
CITY/ST/ZIP/CO:	QUINCY, MA 02169-5103		

NAME:	PAULA A. PRICE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO/T		
ADDRESS:	1385 HANCOCK STREET		
CITY/ST/ZIP/CO:	QUINCY, MA 02169-5103		

NAME:	JAMES J. SYLVIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1385 HANCOCK ST		
CITY/ST/ZIP/CO:	QUINCY, MA 02169-5103		

NAME:	James Ferraro	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Chief RE OFF		
ADDRESS:	1385 Hancock Street		
CITY/ST/ZIP/CO:	Quincy, MA 02169		

NAME: Steven J. Roberts TITLE: ASST SECRETARY ADDRESS: 1385 Hancock Street CITY/ST/ZIP/CO: Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Michael J. Sawyer TITLE: ASST SECRETARY ADDRESS: 1385 Hancock Street CITY/ST/ZIP/CO: Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Gail A. Goolkasian TITLE: ASST SECRETARY ADDRESS: 1385 Hancock Street CITY/ST/ZIP/CO: Quincy, MA 02169	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ STEVEN F. ROWELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN F. ROWELL, VP/ASST SEC PRINTED NAME AND CORPORATE TITLE	3/30/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		