

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212510264

1.) CORPORATION NAME:

**Safeway Companies Employee Association, Inc.**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1739616**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5918 STONERIDGE MALL RD

CITY/ST/ZIP: PLEASANTON, CA 94588

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:	RUSS JACKSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5918 STONERIDGE MALL RD		
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588		

NAME:	PATRICIA NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5918 STONERIDGE MALL ROAD		
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588		

NAME:	EVERETT JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5918 STONERIDGE MALL ROAD		
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588		

NAME:	JIM ROLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5918 STONERIDGE MALL ROAD		
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588		

NAME:	CARLA THUNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5918 STONERIDGE MALL ROAD		
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588		

NAME:	PATRICIA NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5918 STONERIDGE MALL ROAD		
CITY/ST/ZIP/CO:	PLEASANTON, CA 94588		

NAME: ANNA KRAJNA TITLE: DIRECTOR ADDRESS: 5918 STONERIDGE MALL ROAD CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEBBIE PORTWOOD TITLE: DIRECTOR ADDRESS: 5918 STONERIDGE MALL ROAD CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN PROBST TITLE: DIRECTOR ADDRESS: 5918 STONERIDGE MALL ROAD CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEBORAH CONRAD TITLE: DIRECTOR ADDRESS: 5918 STONERIDGE MALL ROAD CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUNDAY COUNCIL BAKER TITLE: DIRECTOR ADDRESS: 5918 STONERIDGE MALL ROAD CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEVIN GROFF TITLE: DIRECTOR ADDRESS: 5918 STONERIDGE MALL ROAD CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CATHY KLOOS TITLE: DIRECTOR ADDRESS: 5918 STONERIDGE MALL ROAD CITY/ST/ZIP/CO: PLEASANTON, CA 94588	<input type="checkbox"/> OFFICER	<input checked="" 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/ PATRICIA NELSON	PATRICIA NELSON,	3/23/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		