

1.) CORPORATION NAME:

**Jewel Food Stores, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1789389**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	13,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 PIERCE RD STE 200

CITY/ST/ZIP: ITASCA, IL 60143-

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: BRIAN W HUFF  
TITLE: PRESIDENT  
ADDRESS: 150 PIERCE RD STE 200  
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

DIRECTOR

NAME: JOHN F BOYD  
TITLE: VP/TREASURER  
ADDRESS: 250 PARKCENTER BLVD  
CITY/ST/ZIP/CO: BOISE, ID 83706-

OFFICER

DIRECTOR

NAME: BARBRA A NUNZIATO  
TITLE: ASST SECRETARY  
ADDRESS: 150 PIERCE RD STE 200  
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

DIRECTOR

NAME: TODD N SHELDON  
TITLE: VICE PRESIDENT  
ADDRESS: 11840 VALLEY VIEW RD  
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER

DIRECTOR

NAME: TIMOTHY A CORRY  
TITLE: VICE PRESIDENT  
ADDRESS: 150 PIERCE RD STE 200  
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHEILA CREGHIN VICE PRESIDENT 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS M CYGAN VICE PRESIDENT 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH M MCKESKA VICE PRESIDENT 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY PESZEK VICE PRESIDENT 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS S ROUSONELOS VICE PRESIDENT 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J WALTER VICE PRESIDENT 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONSTANCE ZAIO ASST SECRETARY 150 PIERCE RD STE 200 ITASCA, IL 60143-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL L WOOD ASST SECRETARY 250 PARKCENTER BLVD BOISE, ID 83706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOYLE J TROYER VICE PRESIDENT 250 PARKCENTER BLVD BOISE, ID 83706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C OWEN VICE PRESIDENT 7400 95TH ST PLEASANT PRAIRIE, WI 53158-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: RONALD T MENDES TITLE: VICE PRESIDENT ADDRESS: 250 PARKCENTER BLVD CITY/ST/ZIP/CO: BOISE, ID 83706-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN P BREEDLOVE TITLE: VP/SECRETARY ADDRESS: 11840 VALLEY VIEW RD CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RACHEL V FRIEDENBERG TITLE: ASST SECRETARY ADDRESS: 11840 VALLEY VIEW RD CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: EDWARD N HANSON TITLE: GROUP VP ADDRESS: 7075 FLYING CLOUD DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SHERRY M SMITH TITLE: EXEC VP ADDRESS: 7075 FLYING CLOUD DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<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/ DOYLE J TROYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOYLE J TROYER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/3/2011 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.		