

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

Shoppers Food Warehouse Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1789868**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
CAP	50,000
COMANV	25,000
COMB	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7075 FLYING CLOUD DR

CITY/ST/ZIP: EDEN PRAIRIE, MN 55344

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:	ROBERT GLEESON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES		
ADDRESS:	16901 MELFORD BLVD		
CITY/ST/ZIP/CO:	BOWIE, MD 20715		

NAME:	DEVON HART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	250 PARKCENTER BLVD		
CITY/ST/ZIP/CO:	BOISE, ID 83706		

NAME:	KARLA ROBERTSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	7075 FLYING CLOUD DR		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

NAME:	AJITH JAYASEKERA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	16901 MELFORD BLVD		
CITY/ST/ZIP/CO:	BOWIE, MD 20715		

NAME:	BRUCE BESANKO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	7075 FLYING CLOUD DR		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

NAME:	DAVID JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	7075 FLYING CLOUD DR		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55344		

NAME: DOYLE TROYER TITLE: VP ADDRESS: 250 PARKCENTER BLVD CITY/ST/ZIP/CO: BOISE, ID 83706	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KIMBERLY MYRDAHL TITLE: VP ADDRESS: 7075 FLYING CLOUD DR CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STUART MCFARLAND TITLE: 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 TROYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOYLE TROYER, VP PRINTED NAME AND CORPORATE TITLE	5/7/2014 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.		