


FILED

May 17, 2007 8:00 am
Secretary of State

05-17-2007 90037 028 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 858259 1. Entity Name THE KROGER CO. OF OHIO	
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Principal Place of Business 1014 VINE STREET CINCINNATI, OH 45202-1100	Mailing Address 1014 VINE STREET CINCINNATI, OH 45202-1100
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40115573



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0345740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DILLON, DAVID B 1014 VINE ST CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCMULLEN, RODNEY W 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS HELDMAN, PAUL W 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HENDERSON, SCOTT M 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCGEORGE, DON W 1014 VINE STREET CINCINNATI, OH 452021100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMITH, THOMAS A 1014 VINE ST CINCINNATI, OH 452021100

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Exhibit B

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A. Smith Thomas A. Smith/AT 4/12/07 513-762-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

See Attached.