FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS (9)DOCUMENT # 805947 MELVILLE REALTY COMPANY INC Principal Place of Business Mailing Address ONE CVS DRIVE 67 MILLBROOK ST ATTN: LEGAL DEPARTMENT WORCESTER MASS 01606 WOONSOCKET RI 02895 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/13/1945 26. Mailing Address 26. One CVS 4. FEI Number 2. Principal Place of Business Applied For 04-6050302 Not Applicable 21 Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be woonsocket Trust Fund Contribution Added to Fees 23 Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD R2 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE Change Addition RYAN, THOMAS M Melanie K NAME 1.2 NAME CR2E034 ONE CVS DRIVE one cus STREET ADDRESS 1.3 STREET ADDRESS **WOONSOCKET RI 02895** Woonsocket 1.4 CITY - ST- ZIP CITY - ST - ZIP DELETE 2.1 TIJLE TITLE CONAWAY, CHARLES C 2.2 NAME NAME ONE CVS DRIVE STREET ADDRESS 2.3 STREET ADDRESS **WOONSOCKET RI 02895** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NELSON, DANIEL C NAME 32 NAME ONE CVS DRIVE STREET ADDRESS **3.3 STREET ADDRESS** WOONSOCKET RI 02895 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE LANKOWSKY, ZENÓN P NAME 4. 2 NAME ONE CVS DRIVE STREET ADDRESS 4.3 STREET ADDRESS WOONSOCKET RI 02895 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE GALBO, PHILIP C NAME 5 2 NAME ONE CVS DRIVE STREET ADDRESS 5.3 STREET ADDRESS WOONSOCKET RI 02895 CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE MCMONAGLE GLASS, DIANE NAME 62 NAME

FILED

Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: WWW. Assistant Secretary 1/22/98 401-765-1600 x3565

6.3 STREET ADDRESS

64 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

ONE CVS DRIVE

WOONSOCKET RI 02895

STREET ADDRESS

CITY-ST-ZIP