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Secretary of State

05-06-1999 90285 005 *1,200.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 805947

1. Corporation Name
MELVILLE REALTY COMPANY INC

Principal Place of Business Mailing Address
 ONE CVS DRIVE ONE CVS DR
 ATTN: LEGAL DEPARTMENT LEGAL DEPT
 WOONSOCKET RI 02895 WOONSOCKET RI 02895
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
07/13/1945
 4. FEI Number Applied For
04-6050302 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE AS DELETE
 NAME LUKER, MELANIE K
 STREET ADDRESS ONE CVS DRIVE
 CITY-ST-ZIP WOONSOCKET RI 02895
 TITLE D DELETE
 NAME CONAWAY, CHARLES C
 STREET ADDRESS ONE CVS DRIVE
 CITY-ST-ZIP WOONSOCKET RI 02895
 TITLE D DELETE
 NAME NELSON, DANIEL C
 STREET ADDRESS ONE CVS DRIVE
 CITY-ST-ZIP WOONSOCKET RI 02895
 TITLE P DELETE
 NAME LANKOWSKY, ZENON P
 STREET ADDRESS ONE CVS DRIVE
 CITY-ST-ZIP WOONSOCKET RI 02895
 TITLE T DELETE
 NAME GALBO, PHILIP C
 STREET ADDRESS ONE CVS DRIVE
 CITY-ST-ZIP WOONSOCKET RI 02895
 TITLE SVP DELETE
 NAME MCMONAGLE GLASS, DIANE
 STREET ADDRESS ONE CVS DRIVE
 CITY-ST-ZIP WOONSOCKET RI 02895

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE AS Change Addition
 1.2 NAME Thomas S. MOFFATT
 1.3 STREET ADDRESS One CVS Drive
 1.4 CITY-ST-ZIP Woonsocket RI 02895
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

4/5/99 (401) 770-3565

CR2E034 (1/198)