

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15366 (8)**

1. Corporation Name
OSCO DRUG, INC.



Principal Place of Business: **3030 CULLERTON DRIVE LICENSE DEPARTMENT FRANKLIN PARK IL 60131**
Mailing Address: **3030 CULLERTON DRIVE LICENSE DEPARTMENT FRANKLIN PARK IL 60131**

2. Principal Place of Business: **709 East South Temple**
Suite, Apt. #, etc.:
City & State: **Salt Lake City, UT**
Zip: **84102**
Country:
2a. Mailing Address: **Attn: Tax Department**
Suite, Apt. #, etc.: **P.O. Box 27447**
City & State: **Salt Lake City, UT**
Zip: **84127-0447**
Country:

3. Date Incorporated or Qualified: **07/28/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **74-2462472**
Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: AS	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANDERSON, LARRY D.		1.2 NAME:	
STREET ADDRESS: 420 E. SOUTH TEMPLE		1.3 STREET ADDRESS:	
CITY-ST-ZIP: SALT LAKE CITY UT		1.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MAHER, DAVID L.		2.2 NAME:	
STREET ADDRESS: 709 E. SOUTH TEMPLE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: SALT LAKE CITY UT		2.4 CITY-ST-ZIP:	
TITLE: V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ARNTZEN, DAVID M.		3.2 NAME:	Paul W. Eldridge
STREET ADDRESS: 709 E SOUTH TEMPLE		3.3 STREET ADDRESS:	136 East South Temple, 11th Flr.
CITY-ST-ZIP: SALT LAKE CITY UT		3.4 CITY-ST-ZIP:	Salt Lake City, UT 84111
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RIDER, NEAL J		4.2 NAME:	J. Greg Spencer
STREET ADDRESS: 709 E SOUTH TEMPLE		4.3 STREET ADDRESS:	
CITY-ST-ZIP: SALT LAKE CITY UT		4.4 CITY-ST-ZIP:	
TITLE: PD	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUND, VICTOR L.		5.2 NAME:	
STREET ADDRESS: 709 E. SOUTH TEMPLE		5.3 STREET ADDRESS:	000001829560
CITY-ST-ZIP: SALT LAKE CITY FL		5.4 CITY-ST-ZIP:	-05/20/96--01052--001
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HERMANS, ROBERT P		6.2 NAME:	***200.00
STREET ADDRESS: 709 E SOUTH TEMPLE		6.3 STREET ADDRESS:	
CITY-ST-ZIP: SALT LAKE CITY UT		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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.

SIGNATURE: **Paul W. Eldridge** DATE: **4/29/96** (801) 320-3200

CR2E034 (12/95)

5/1/96