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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15366
 1. Corporation Name
OSCO DRUG, INC.

Principal Place of Business 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111 US	Mailing Address ATTN: TAX DEPARTMENT P O BOX 27447 SALT LAKE CITY, UT 84127 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 SALT LAKE CITY, UT
24 Zip	29 84111
25 Country	30 Country

3. Date Incorporated or Qualified 07/28/1987	
4. FEI Number 74-2462472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDERSON, LARRY D.	
STREET ADDRESS	420 E. SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHER, DAVID L.	
STREET ADDRESS	709 E. SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, PAUL W	
STREET ADDRESS	299 SOUTH MAIN STREET	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPENCER, GREG J	
STREET ADDRESS	709 E SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUND, VICTOR L.	
STREET ADDRESS	709 E. SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOLTENS, MARTIN A	
STREET ADDRESS	709 E SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY V. SLOAN	
1.3 STREET ADDRESS	299 SOUTH MAIN STREET	
1.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	299 SOUTH MAIN STREET	
2.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	299 SOUTH MAIN STREET	
4.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	299 SOUTH MAIN STREET	
5.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	299 SOUTH MAIN STREET	
6.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	

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]* SERVICE PRESIDENT Date: 4/6/99 (801)961-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034.(1.1/98)