

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90038 025 ***150.00

DOCUMENT # P15366

1. Entity 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 FL 84127-0447
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
250 Park Center Blvd

3. Mailing Address
P.O. Box 20

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Boise

City & State
Boise

Zip
83706

Country

Zip
83726

Country

4. FEI Number **74-2462472**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Thomas R. Saldin 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P Bradley M. Vierig 299 South Main Street Salt Lake City, UT 84111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John F. Boyd 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Gary G. Michael 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Michael F. Reuling 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley M. Vierig **REQUIRED** Bradley M. Vierig 4/27/00 (801) 961-3520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)