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TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000070968 (1)**

1. Corporation Name
MARSHALLS OF BRANDON-CROSSTOWN, FL., INC.

Principal Place of Business	Mailing Address
ONE THEALL ROAD RYE NY 10580	ONE THEALL ROAD RYE NY 10580-1404

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business
21: one cvs Dr
22: Suite, Apt. #, etc.
23: City & State: Woonsocket RI
24: Zip: 02895
25: Country: Providence

2a. Mailing Address
26: one cvs Dr
27: Suite, Apt. #, etc.
28: City & State: Woonsocket RI
29: Zip: 02895
30: Country: Providence

4. FEI Number: 04-3276108 ☐ 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
UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1200 ~~Plantation~~ South Pine Island Rd
83:
84 City: Plantation FL 85 Zip Code: 33324

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: Patricia A. Canario — PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY — 1/23/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN, STANLEY ONE THEALL RD. RYE NY	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Thomas M. Ryan one cvs Dr Woonsocket RI 02895 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSSI, JERRY 200 BRICKSTONE SQ. ANDOVER MA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President Zenon P. Lankowsky One CVS Dr Woonsocket RI 02895 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS AMBRO, J. G 200 BRICKSTONE SQ. ANDOVER MA	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Secretary Diane McMonagle-Glass one cvs Dr Woonsocket RI 02895 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COHEN, IRWIN 200 BRICKSTONE SQ. ANDOVER MA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Asst. Secretary Jill M. Goddard one cvs Dr Woonsocket RI 02895 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do 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.

SIGNATURE: Jill M. Goddard — Jill M Goddard, Asst. Secr. — 1/10/97 — 401-765-1500 X3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008368