• 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Kenneth Black C

May 03, 2004 8:00 am Secretary of State **DOCUMENT # 550669** 1. Entity Name 05-03-2004 90681 021 ***150 00 RITE AID OF FLORIDA, INC. Principal Place of Business Mailing Address 30 HUNTER LANE CAMP HILL PA 17011 C/O TAX DEPT P O BOX 3165 HARRISBURG PA 17105 94079280 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 23-2047226 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change Addition KRAHULEC, JAMES NAME NAME STREET ADDRESS 30 HUNTER LANE STREET ADDRESS CITY-ST-ZIP CAMP HILL PA 17011 CITY-ST-7IP Change TITLE Delete TIFLE Addition KENNETH BLACK NAME HALL, CHRIS NAME 30 HUNTER LANC 30 HUNTER LANE STREET ADDRESS STREET ADDRESS CAMP HILL PA 17011 CAMP HILL PA 17011 CITY-ST-71P CITY-ST-7IP Delete TITLE TITLE ☐ Change ■ Addition MAME TWOMEY, KEVIN NAME STREET ADDRESS 30 HUNTER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAMP HILL PA 17011 VSD ☐ Change TITLE ☐ Delete Addition SARI, ROBERT B NAME NAME 30 HUNTER LANE STREET ADDRESS STREET ADDRESS CAMP HILL PA 17011 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GERSHENSON, GLENN NAME NAME 30 HUNTER LANE STREET ADDRESS STREET ADDRESS CAMP HILL PA 17011 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED