2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 550669

Entity Name: RITE AID OF FLORIDA, INC.

Current Principal Place of Business:

30 HUNTER LANE
CAMP HILL, PA 17011

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT
P O BOX 3165
HARRISBURG, PA 17105

New Mailing Address:

FEI Number: 23-2047226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: HALL, CHRISTOPHER
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

Title: VP ( ) Delete
Name: BLACK, KENNETH
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

Title: P ( ) Delete
Name: TWOMEY, KEVIN
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

Title: VSD (X) Delete
Name: SARI, ROBERT B
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

Title: T ( ) Delete
Name: GERSHENSON, GLENN
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HALL, CHRISTOPHER
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: COMITALE, JAMES J
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SCHROEDER, MATTHEW
Address: 30 HUNTER LANE
City-St-Zip: CAMP HILL, PA 17011

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH C. BLACK VP 04/06/2009

Electronic Signature of Signing Officer or Director — Date