FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUÄL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90285 005 *1,200.00

DOCUMENT :	#	803273
1. Corporation Name		COCLIC

CVS NEW YORK INC

CVS INC.								
Principal Place of Business	Mailing Address		(128/12) 12111 28102 11113 11211 12322 1111 2111 1111 111					
ONE CVS DRIVE WOONSOCKET RI 02895	one CVS DR Legal Dept Woonsocket RI 02895 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/26/1928					
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For					
21	26		04-1611460 Not Applicable					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip Country 24 25		untry	ry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
9. Name and Address of Current		T	10. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		81						
PLANTATION FL 33324		83						
		84	FL					
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	nd title if applicable (NOTE: Registere	d Agent	tient signature required when reinstating) DATE					

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Stignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECT		13.		S/CHANGES TO OFFI	CERS AND DIRECTOR				
TITLE	CEO	DELETE	1.1 TITLE	PRESILCAT	+ CEY	Change	Addition			
NAME	GOLDSTEIN, STANLEY		1.2 NAME	Thomas	રેપ્રભોત /					
STREET ADDRESS	70 HARWICH RD.		1.3 STREET ADDRESS	the cus	1 Defre					
CITY-ST-ZIP	PROVIDENCE RI 02906		1.4 CITY-ST-ZIP	Woonsoul	et RI D	2555				
TITLE	VC	DELETE	2.1 TITLE	DURECTOR	^	hange	☐ Addition			
NAME	RYAN, THOMAS	•	2.2 NAME	Showker	Copill stein	_ /				
STREET ADDRESS	280 IRVING AVE		2.3 STREET ADDRESS	On YUS	DRIVE					
CITY-ST-ZIP	PROVIDENCE RI 02906		, 2. 4 CITY-ST-ZIP	wansow	vet 15I	08855	F71 4 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
TITLE	CF0	DELETE	31 TITLE	CFO D		⊠ Change	Addition			
NAME	CONAWAY, CHARLES		3.2 NAME	Charles Cgy	auci y					
STREET ADDRESS	15 SIGNAL RIDGE WAY		3.3 STREET ADDRESS	OPECUS D	RI 02895	•				
CITY-ST-ZIP	E. GREENWICH RI 02818		3.4. CITY- ST- ZIP							
TITLE	S	DELETE	4.1 TITLE		tenty + Secr	Christ Mchange	☐ Addition			
NAME	LANKOWSKY, ZENON P		4, 2 NAME	ZHON KA	n Kowsky					
STREET ADDRESS	4 FRANCIS FARM RD.		4.3 STREET ADDRESS	DALCUS	Daive					
CITY-ST-ZIP	HARRISVILLE RI 02864		4.4 CITY-ST-ZIP	woonsol	that RFC	DO 88 5				
TITLE	AS	☐ DELETE	5.1 TITLE		0	☐ Change	Addition			
NAME	MOFFATT, THOMAS S		5.2 NAME	SFF	ATTAC	HED				
STREET ADDRESS	ONE CVS DR		5.3 STREET ADDRESS		, ,	-9				
CITY-ST-ZIP	WOONSOCKET RI 02895		5.4 CITY-ST-ZIP							
TITLE	VP	DELETE	6.1 TITLE	N . N .	ASURCE	Change	Addition			
NAME	ALWARD, JAMES		6.2 NAME	Khilip F.	Gnipo	1				
STREET ADDRESS	52 FELCH RD.		6.3 STREET ADDRESS	are chi	s / Dalux	_)			
COV ST 780	NATICK MA 01760		6.4 CITY-ST-ZIP	litologe me to	of DAI	339KA				

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:

MEREQUIRED

803273 511993-90285-40

<u>CVS NEW YORK, INC.</u> (formerly known as Melville Corporation)

DIRECTORS

Stanley P. Goldstein Thomas M. Ryan Zenon P. Lankowsky Charles C. Conaway

OFFICERS

President and CEO Thomas M. Ryan One CVS Drive Woonsocket, RI 02895

Vice President and CFO Charles C. Conaway One CVS Drive Woonsocket, RI 02895

Vice President and Secretary Zenon P. Lankowsky One CVS Drive Woonsocket, RI 02895

Vice President and Treasurer Philip C. Galbo One CVS Drive Woonsocket, RI 02895

Assistant Secretary Melanie K. Luker One CVS Drive Woonsocket, RI 02895

Assistant Secretary Thomas S. Moffatt One CVS Drive Woonsocket, RI 02895