

# 2001 UNIFORM BUSINESS REPORT (UBR)

087225

DOCUMENT # 803273

1. Entity Name

CVS NEW YORK, INC.

FILED  
SECRETARY OF STATE  
TOLSON

01 APR 30 AM 9:02

Principal Place of Business

ONE CVS DRIVE  
WOONSOCKET RI 02895

Mailing Address

ONE CVS DR  
LEGAL DEPT  
WOONSOCKET RI 02895  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-1611460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!  
After MAY 1, 2001  
Make Check Payable to Department of State

FEE IS \$150.00  
Fee will be \$550.00  
to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVPC  
NAME CONAWAY, CHARLES C  
STREET ADDRESS ONE CVS DRIVE  
CITY-ST-ZIP WOONSOCKET RI 02895 ☒ Delete

TITLE PDVPC  
NAME Thomas M. Ryan  
STREET ADDRESS One CVS Drive  
CITY-ST-ZIP Woonsocket, RI 02895 ☒ Change ☐ Addition

TITLE VPSD  
NAME LANKOWSKY, ZENON P  
STREET ADDRESS ONE CVS DRIVE  
CITY-ST-ZIP WOONSOCKET RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME SOLBERG, LARRY  
STREET ADDRESS ONE CVS DRIVE  
CITY-ST-ZIP WOONSOCKET RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME LUKER, MELANIE  
STREET ADDRESS ONE CVS DRIVE  
CITY-ST-ZIP WOONSOCKET RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME MOFFATT, THOMAS S  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 the signature of 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

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 the signature of 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Melanie K. Luker, Assistant Secretary  
(401) 770-3565

Date

Daytime Phone #

CR2E034 (10/00)