

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 824061 (6)  
1. Corporation Name  
AMERICAN DRUG STORES, INC.

Principal Place of Business 709 E. SOUTH TEMPLE SALT LAKE CITY UT 84102 US	Mailing Address PO BOX 27447 SALT LAKE CITY UT 84127 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/03/1970

2. Principal Place of Business 21 299 SOUTH MAIN STREET Suite, Apt. #, etc. 22 City & State 23 SALT LAKE CITY, UT Zip 24 84111	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA	4. FEI Number 36-2062697 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	D MAHER, DAVID L 709 E. SOUTH TEMPLE SALT LAKE CITY UT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP ELDRIDGE, PAUL W 136 E. SOUTH TEMPLE, 11TH FLR. SALT LAKE CITY UT	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	AS ANDERSON, LARRY D 420 E. SOUTH TEMPLE SALT LAKE CITY UT	1.3 STREET ADDRESS	299 SOUTH MAIN STREET SALT LAKE CITY, UT 84111
CITY-ST-ZIP	T SPENCER, GREG J 709 E. SOUTH TEMPLE SALT LAKE CITY UT	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	GM DAVIS, RICHARD E. 709 E. SOUTH TEMPLE SALT LAKE CITY FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D LUND, VICTOR L 709 E. SOUTH TEMPLE SALT LAKE CITY UT 84102	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	GENERAL MANAGER KEVIN H. TRIPP
CITY-ST-ZIP		2.4 CITY-ST-ZIP	709 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*[Signature]*

VICE PRESIDENT

4/10/98

(801)961-3200

CR2E034 (10/97)