

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

FILED

Feb 18 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 # 834492 (1)
1. Corporation Name
SOPCO, INC.

Principal Place of Business
1925 ENTERPRISE PARKWAY
TWINSBURG OH 44087

Mailing Address
1925 ENTERPRISE PARKWAY
TWINSBURG OH 44087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One CVS Drive Suite, Apt. #, etc. 22 City & State Woonsocket RI Zip Country 02895 USA		2a. Mailing Address 26 One CVS Drive Suite, Apt. #, etc. 27 Legal Dept. City & State Woonsocket RI Zip Country 02895 USA		3. Date Incorporated or Qualified 06/09/1975	
				4. FEI Number 34-1114812 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	

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

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	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAPH, JACK			1.2 NAME	Thomas M. Ryan		
STREET ADDRESS	2626 KERWICK RD.			1.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP	UNIVERSITY HTS OH			1.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAAF, ROBERT			2.2 NAME	Charles C. Conaway		
STREET ADDRESS	2273 WELLINGTON CIRCLE			2.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP	HUDSON OH			2.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOVEN, D. DWAYNE			3.2 NAME	Daniel C. Nelson		
STREET ADDRESS	111 OLD ORCHARD RD.			3.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP	HUDSON OH			3.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARNEY, BRIAN P			4.2 NAME	Zeron P. LANKOWSKY		
STREET ADDRESS	19708 KENSINGTON CT			4.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP	STRONGSVILLE OH			4.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME	Larry D. Solberg		
STREET ADDRESS				5.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Woonsocket RI 02895		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	Melanie K. Luker		
STREET ADDRESS				6.3 STREET ADDRESS	One CVS Drive		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Woonsocket RI 02895		

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 *Melanie K. Luker* Assistant Secretary 1/22/98 401-765-1507x2565

CR2E034 (1097)