

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572226

DOCUMENT # 834492

1. Entity Name  
SOPCO, INC.

FILED  
SECRETARY OF STATE  
01 APR 30 AM 10:46

Principal Place of Business  
ONE CVS DR  
WOONSOCKET RI 02895  
US

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 34-1114812

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

CT CORPORATION SYSTEM  
1200 S. 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.

(NOT

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 Fee will be \$550.00  
Make Check Payable 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 PD ☒ Delete  
NAME CONAWAY, CHARLES C  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET RI 02895

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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 is 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.

SIGNATURE:

*Melanie K. Luker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

AD

CR2E034 (10/00)