2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 834492

Entity Name: SOPCO, INC.

Current Principal Place of Business:

ONE CVS DR
WOONSOCKET, RI 02895 US

New Principal Place of Business:

Current Mailing Address:

ONE CVS DR
LEGAL DEPT
WOONSOCKET, RI 02895 US

New Mailing Address:

ONE CVS DR
C/O LEGAL DEPT
WOONSOCKET, RI 02895 US

FEI Number: 34-1114812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LANKOWSKY, ZENON P
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895

Title: DS ( ) Delete
Name: MOFFATT, THOMAS S
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895

Title: AS ( ) Delete
Name: LUKER, MELANIE K
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895

Title: AS ( ) Delete
Name: CIMBRON, LINDA M
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: VT (X) Delete
Name: DENALE, CAROL A
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ZENON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: D (X) Change ( ) Addition
Name: MOFFATT
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S (X) Change ( ) Addition
Name: LUKER
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S (X) Change ( ) Addition
Name: CIMBRON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZENON P LANKOWSKY P 04/30/2009

Electronic Signature of Signing Officer or Director Date