

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001709

FILED
Jan 31, 2005
Secretary of State

Entity Name: CVS AL DISTRIBUTION, INC.

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895

New Principal Place of Business:

Current Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895

New Mailing Address:

FEI Number: 05-0501914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: PCD () Delete
Name: LANKOWKSY, ZENON P
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

Title: VTD () Delete
Name: SOLBERG, LARRY D
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELANIE K. LUKER, ASST. SECY.

AS

01/31/2005

Electronic Signature of Signing Officer or Director

_____ Date