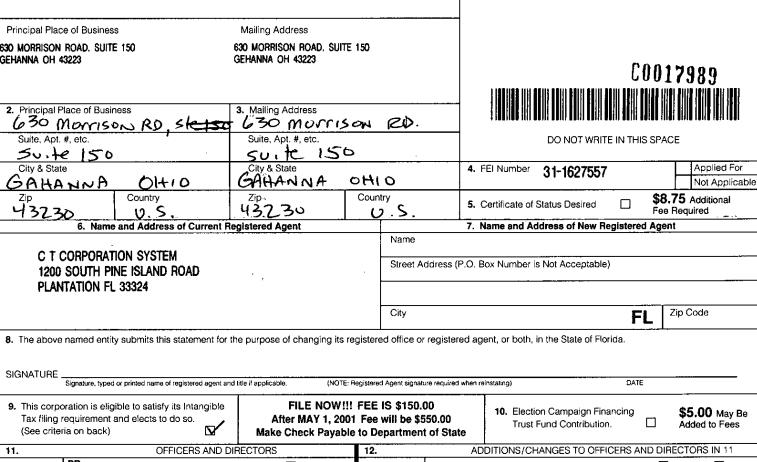
## **FILED** Feb 05, 2001 8:00 am Secretary of State

02-05-2001 90141 012 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000003599 1. Entity Name

RETAIL PHARMACY ASSETS, INC.



| 11. OFFICERS AND DIRECTORS |                              | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                 |  |
|----------------------------|------------------------------|---|-----------------|--|
| TITLE                      | PD                           | ☐ Delete  | TITLE           | ☐ Change ☐ Addition  |
| NAME                       | SLUSSER, BRIAN W             |   | NAME            |  |
| STREET ADDRESS             | 630 MORRISON ROAD, SUITE 150 |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                | GAHANNA OH 43230             |   | CITY-ST-ZIP     |  |
| TITLE                      | VSTD                         | ☐ Delete  | TITLE           | VST D C Addition   |
| NAME                       | CONNOR, KEVIN H ESQ.         |   | NAME            | KEVIN H. CONNOR LYCHARGE LANGITON                                  |
| STREET ADDRESS             | 630 MORRISON ROAD, SUITE 150 |   | STREET ADDRESS  | 630 Merrison ROAD, Suite 150                                       |
| CITY-ST-ZIP                | GEHANNA_OH 43223             |   | CITY-ST-ZIP     | 6AHANNA OH 43230   |
| TITLE                      | CD                           | ☐ Delete  | TITLE           | CD □ Change □ Addition   |
| NAME                       | THOMPSON, GREGORY A          |   | NAME            | Gregory A. Thompson Schange Addition 630 morrison 120AD, suite 150 |
| STREET ADDRESS             | 630 MORRISON ROAD, SUITE 150 |   | STREET ADDRESS  | 1630 MOTRISON 120TO, 1011-13-                                      |
| CITY-ST-ZIP                | GEHANNA OH 43223             |   | CITY-ST-ZIP     | GAHANNA OHIO 43230   |
| TITLE                      | D                            | ☐ Delete  | TITLE           | D Change Addition  |
| NAME                       | ms                           |   | NAME            | MARK P. BARWIE Change Maddition 630 morrison ROAD, Suite 150       |
| STREET ADDRESS             |                              |   | STREET ADDRESS  | 630 MOVISON RUNDI  |
| CITY-ST-ZIP                |                              |   | CITY-ST-ZIP     | GAHANNA, OHIO 43230  |
| TITLE                      |                              | ☐ Delete  | TITLE           | <b>D</b> _ ☐ Change ☑ Addition                                     |
| NAME                       |                              |   | NAME            | LAN AYAM 630 MOCRISON ROAD, Suite 150                              |
| STREET ADDRESS             |                              |   | STREET ADDRESS  | (30 MOC1 1301 (CCT)  |
| CITY-ST-ZIP                |                              |   | CITY-ST-ZIP     | 6AHANNA 0410 43230   |
| TITLE                      |                              | ☐ Delete  | TITLE           | ☐ Change ☐ Addition  |
| NAME                       |                              |   | NAME            |  |
| STREET ADDRESS             |                              |   | STREET ADDRESS  |  |
| CITY-ST-7IP                |                              |   | CITY - ST - 7/P |  |

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 as required by Chapter 607, Florida Statutes; and the other states and 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 the other states are stated in Section 119.07(3)(i), Florida Statutes and 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 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 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 I am an officer or director of the corporation or the receiver of the corporation of the corporation of the corporation of the corporation or the receiver of the corporation of the corporatio

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)