

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003599

1. Entity Name
RETAIL PHARMACY ASSETS, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90141 012 ***150.00

Principal Place of Business
630 MORRISON ROAD, SUITE 150
GEHANNA OH 43223

Mailing Address
630 MORRISON ROAD, SUITE 150
GEHANNA OH 43223

2. Principal Place of Business

630 MORRISON RD, Suite 150
Suite, Apt. #, etc.
Suite 150
City & State
GAHANNA OHIO
Zip
43230
Country
U.S.

3. Mailing Address

630 MORRISON RD.
Suite, Apt. #, etc.
Suite 150
City & State
GAHANNA OHIO
Zip
43230
Country
U.S.

4. FEI Number 31-1627557

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

(NOTE: 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!!! FEE IS \$150.00
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

TITLE PD
NAME SLUSSER, BRIAN W
STREET ADDRESS 630 MORRISON ROAD, SUITE 150
CITY-ST-ZIP GAHANNA OH 43230 ☐ Delete

TITLE VSTD
NAME CONNOR, KEVIN H ESQ.
STREET ADDRESS 630 MORRISON ROAD, SUITE 150
CITY-ST-ZIP GEHANNA OH 43223 ☐ Delete

TITLE CD
NAME THOMPSON, GREGORY A
STREET ADDRESS 630 MORRISON ROAD, SUITE 150
CITY-ST-ZIP GEHANNA OH 43223 ☐ Delete

TITLE D
NAME M.A.
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VSTD
NAME KEVIN H. CONNOR
STREET ADDRESS 630 MORRISON ROAD, Suite 150
CITY-ST-ZIP GAHANNA OH 43230 ☒ Change ☐ Addition

TITLE CD
NAME GREGORY A. THOMPSON
STREET ADDRESS 630 MORRISON ROAD, Suite 150
CITY-ST-ZIP GAHANNA OHIO 43230 ☒ Change ☐ Addition

TITLE D
NAME MARK P. BARWIG
STREET ADDRESS 630 MORRISON ROAD, Suite 150
CITY-ST-ZIP GAHANNA, OHIO 43230 ☐ Change ☒ Addition

TITLE D
NAME IAN RYAN
STREET ADDRESS 630 MORRISON ROAD, Suite 150
CITY-ST-ZIP GAHANNA OHIO 43230 ☐ Change ☒ Addition

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

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 that I have not been convicted of a felony or a misdemeanor involving fraud, embezzlement, or a crime involving moral turpitude, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN H. CONNOR

Date

1/29/01

Daytime Phone #

614-751-0444

CR2E034 (10/00)