


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90306 028 \*\*\*150.00

<b>DOCUMENT # F01000002467</b> 1. Entity Name <b>RITE AID LEASE MANAGEMENT COMPANY</b>	
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Principal Place of Business <b>30 HUNTER LANE CAMP HILL, PA 17011</b>	Mailing Address <b>% TAX DEPT. PO BOX 3165 HARRISBURG, PA 17105</b>
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**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>95-2384577</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TWOMEY, KEVIN 30 HUNTER LANE CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAHULEC, JAMES 30 HUNTER LANE CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARI, ROBERT B 30 HUNTER LANE CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, KENNETH 30 HUNTER LANE CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, GERSHENSON 30 HUNTER LANE CAMP HILL, PA 17011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **KENNETH C. BLACK** **4/17/05** **(717) 214-2550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #