

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 90981 023 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000005570

1. Entity Name

CVS Meridian, Inc.



**DO NOT WRITE IN THIS SPACE**

11022078

2. Principal Place of Business  
One CVS Drive

Suite, Apt. #, etc.

3. Mailing Address  
One CVS Drive

Suite, Apt. #, etc.

Legal Department

DO NOT WRITE IN THIS SPACE

City & State  
Woonsocket RI

City & State  
Woonsocket RI

4. FEI Number 05-0501915

Applied For  
Not Applicable

Zip  
02895

Country  
USA

Zip  
02895

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation

FL Zip Code  
33324

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 reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P/D  
Thomas M. Ryan  
One CVS Drive, Woonsocket RI 02895

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V/S/D  
Zenon P. Lankowsky  
One CVS Drive, Woonsocket RI 02895

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
Larry D. Solberg  
One CVS Drive, Woonsocket RI 02895

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
Melanie K. Luker  
One CVS Drive, Woonsocket RI 02895

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Christopher W. Bodine  
One CVS Drive, Woonsocket RI 02895

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
Linda M. Cimbron  
One CVS Drive, Woonsocket RI 02895

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker

4-23-03

Date

401-770-3565

Daytime Phone #

CR2E034B (12/02)