2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90727 047 ***150.00

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1. Entity Name
EXPRESS SCRIPTS, INC.

Principal Place of Business	Mailing Address
13900 RIVERPORT DR MARYLAND HEIGHTS, MO 63043	13900 RIVERPORT DR MARYLAND HEIGHTS, MO 63043

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-1420563 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB TOAN, BARRETT A 42 PORTLAND PLAZA ST LOUIS, MO 83130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CONTROLLER, CAO DARRYL E. WEINRICH 16221 MARINA DEL RAY WILDWOOD MO 63040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCFO PAZ, GEORGE 8018 GANNON AVE ST LOUIS, MO 83130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. SECY MARTIN P. AKINS 9338 SONORA ST LOUIS MO 63144	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO LOWENBERG, DAVID A 23 BROADVIEW FARM RD CREVE COEUR, MO 63141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD BASCOMB, STUART L 13310 KINGS GLEN DR ST LOUIS, MO 63131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP LOGSDON, LINDA L 2504 BROCKRIDGE ST ST CHARLES, MO	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP BOUDREAU, THOMAS M 13333 KINGS GLEN DR ST LOUIS, MO 63131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Darryl E Weinrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 314-770-1666 Daytime Phone #