2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90404 037 ***150.00

DOCUMENT # F03000005972

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

DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	TOAN, BARRETT A
STREET ADDRESS	42 PORTLAND PLAZA
CITY-ST-ZIP	ST LOUIS, MO 63130
TITLE	P[redacted]
NAME	PAZ, GEORGE
STREET ADDRESS	8018 GANNON AVE
CITY-ST-ZIP	ST LOUIS, MO 63130
TITLE	COO
NAME	LOWENBERG, DAVID A
STREET ADDRESS	23 BROADVIEW FARM RD
CITY-ST-ZIP	CREVE COEUR, MO 63141
TITLE	EVPD
NAME	WEINRICH, DARRYL E
STREET ADDRESS	16221 MARINA DEL RAY
CITY-ST-ZIP	GROVER, MO 63040
TITLE	AS
NAME	AKINS, MARTIN P
STREET ADDRESS	9338 SONORA
CITY-ST-ZIP	SAINT LOUIS, MO 63144
TITLE	SVP
NAME	BOUDREAU, THOMAS M
STREET ADDRESS	13333 KINGS GLEN DR
CITY-ST-ZIP	ST LOUIS, MO 63131

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: [signature] DARRYL E WEINRICH 314-770-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #