

**F04000007219**

Florida Department of State  
Division of Corporations  
Public Access System

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000251550 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0363

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

RECEIVED  
04 DEC 22 AM 7:40  
DIVISION OF CORPORATION

**FOREIGN PROFIT QUALIFICATION**

CVS TN Distribution, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2004 DEC 22 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. CVS TN Distribution, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 06-1630381  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/17/2001 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. n/a  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. One CVS Drive, Woonsocket RI 02895  
(Principal office address)

One CVS Drive, Legal Department, Woonsocket RI 02895  
(Current mailing address)

8. distribution services and any other lawful business activity permitted  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida see attached  
(City) (Zip code)

2004 DEC 22 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



TRACI HOUCK  
SPECIAL ASSISTANT SECRETARY

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: see attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: see attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

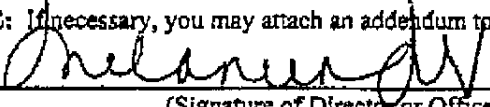
Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

2004 DEC 22 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Melania K. Luker, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

**CORPORATE OFFICERS**

**President: Zenon P. Lankowsky**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 4 Francis Farm Road, Harrisville, RI 02830**

**Vice President and Treasurer: Larry D. Solberg**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 195 Ocean Road, Narragansett, RI 02882**

**Secretary: Thomas S. Moffatt**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 29 Homestead Circle, Kingston, RI 02881**

**Assistant Treasurer: Edward J. Sturgeon**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 445 Broad Rock Road, Wakefield, RI 02879**

**Assistant Treasurer: Joseph P. Couture**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 13 Shady Drive, Spencer, MA 01562**

**Assistant Secretary: Linda M. Cimbron**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 45 Bridge Street, Warren, RI 02885**

**Assistant Secretary: Melanie K. Luker**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 40 Poppy Drive, Cranston, RI 02920**

**DIRECTORS:**

**Zenon P. Lankowsky**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 4 Francis Farm Road, Harrisville, RI 02830**

**Larry D. Solberg**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 195 Ocean Road, Narragansett, RI 02882**

**Thomas S. Moffatt**

**Business: One CVS Drive, Woonsocket, RI 02895**

**Home: 29 Homestead Circle, Kingston, RI 02881**

**FILED**  
2004 DEC 22 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Secretary of State  
Division of Business Services  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 12/22/04  
REQUEST NUMBER: 04357533  
TELEPHONE CONTACT: (615) 741-6488  
CHARTER/QUALIFICATION DATE: 08/16/2001  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0412786  
JURISDICTION: TENNESSEE

TO:  
CFS  
8181 HWY 100  
NASHVILLE, TN 37221

REQUESTED BY:  
CFS  
8181 HWY 100  
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
"CYS TN DISTRIBUTION, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF  
INCORPORATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;  
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED  
WITH THIS OFFICE; AND  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 12/22/04

FROM:  
CFS  
8181 HIGHWAY 100  
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$120.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$120.00

RECEIPT NUMBER: 00003618873  
ACCOUNT NUMBER: 08101230



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE