

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90074 045 ***150.00

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1. Entity Name
CVS TN DISTRIBUTION, INC.

Principal Place of Business
ONE CVS DRIVE
WOONSOCKET, RI 02895

Mailing Address
ONE CVS DRIVE
LEGAL DEPARTMENT
WOONSOCKET, RI 02895

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number
06-1630381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANKOWSKY, ZENON P
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET, RI 02895 ☐ Delete

TITLE AS
NAME CIMBRON, LINDA M
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET, RI 02895 ☐ Delete

TITLE SD
NAME MOFFIAT, THOMAS S
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET, RI 02895 ☐ Delete

TITLE AT
NAME STURGEON, EDWARD J
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET, RI 02895 ☐ Delete

TITLE AS
NAME LUKER, MELANIE K
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET, RI 02895 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME Carol A. DeNale
STREET ADDRESS One CVS Drive
CITY-ST-ZIP Woonsocket, RI 02895 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Cimbron
Authorized Representative

4/25/07

401-765-1500

Date

Daytime Phone #