



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90138 016 ***150.00

DOCUMENT # F05000001476 1. Entity Name VALUE APOTHECARIES, INC.					
Principal Place of Business 1300 MORRIS DRIVE CHESTERBROOK, PA 19087			Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		
2. Principal Place of Business - No P.O. Box # 1300 Morris Drive		3. Mailing Address 1300 Morris Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04152008 Chg-P CR2E034 (12/06)	
City & State Chesterbrook PA		City & State Chesterbrook PA		4. FEI Number 75-2660314	
Zip 19087		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ZIMMERMAN, ALLEN 4100 HERITAGE AVE., SUITE 105 GRAPEVINE, TX 76051	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO DICANDILO, MICHAEL D 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GUCKENBERGER, MIKE 4100 HERITAGE AVE., SUITE 105 GRAPEVINE, TX 76051	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FORREST, TERRY 4100 HERITAGE AVE., SUITE 105 GRAPEVINE, TX 76051	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LICHTMAN, GLEN 4100 HERITAGE AVE., SUITE 105 GRAPEVINE, TX 76051	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, SAM 4100 HERITAGE AVE., SUITE 105 GRAPEVINE, TX 76051	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Terrance P. Haas 1300 Morris Drive Chesterbrook PA 19087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/EVP+CFO Michael D. Dicandilo 1300 Morris Drive Chesterbrook PA 19087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, General Counsel + Secretary John Chou 1300 Morris Drive Chesterbrook PA 19087	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard W. Roycroft 1300 Morris Drive Chesterbrook PA 19087	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Daniel T. Hirst 1300 Morris Drive Chesterbrook PA 19087	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Daniel Hirst</i></u> <u>4/28/2008</u> <u>610 727 7000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					