## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001884

Entity Name: BOOTS RETAIL USA INC.

FILED Jan 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
177 BROAD STREET SUITE 1050 STAMFORD, CT 06901				6 LANDMARK SQUARE SUITE 300 STAMFORD, CT 06901			
Current Mailing Address:				New Mailing Address:			
177 BROAL SUITE 1050 STAMFOR				SUITE 300	RK SQUARE D, CT 06901		
FEI Number:	02-0613669	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificat	e of Status Desired ( )
Name and	Address of Co	urrent Registered Agent:		Name and	Address of N	lew Regi	stered Agent:
8875 HIDD STE 300 TAMPA, FL The above in the State	of Florida.		rpose o	f changing it	s registered o	ffice or re	egistered agent, or both,
SIGNATUR		O: 1 5D : 1 1 A					
	Electroni	c Signature of Registered Agen	ıt			L	Date
Election Carr	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFFI	CERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	CHRM ( ) I MORROW, JAMI 14950 WOODCF COLIVE, IA 503	REST DRIVE		Title: Name: Address: City-St-Zip:	( )	Change (	) Addition
Title: Name: Address: City-St-Zip:	PS () I MORROW, JAMI 14950 WOODCF COLIVE, IA 503	REST DRIVE		Title: Name: Address: City-St-Zip:	( )	Change(	) Addition
Title: Name: Address: City-St-Zip:	VCCH () I WATERS, MART 6 BENJAMIN STI OLD GREENWIG	REET		Title: Name: Address: City-St-Zip:	VCCH (X) WATERS, MAR 4 FAIRGREEN OLD GREENWI	LANE	
Title: Name: Address: City-St-Zip:	VCEO () I WATERS, MART 6 BENJAMIN STI OLD GREENWIC	'IN REET		Title: Name: Address: City-St-Zip:	VCEO (X) WATERS, MAR 4 FAIRGREEN OLD GREENWI	TIN LANE	
Title: Name: Address: City-St-Zip:	VD () I QUANTOCH, KE 73 FOREST LAN WILTON, CT 06	E		Title: Name: Address: City-St-Zip:	( )	Change (	) Addition
Title: Name: Address: City-St-Zip:	TD ()  PARTIN, ANDRE 43 ARLINGTON  STAMFORD, CT	ROAD		Title: Name: Address: City-St-Zip:	TD (X) PARKIN, ANDR 43 ARLINGTON STAMFORD, C	ROAD	) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW PARKIN

TD

01/29/2008