

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 14, 2009  
Secretary of State**

DOCUMENT# F94000005946

Entity Name: BIG B DRUGS, INC.

**Current Principal Place of Business:**

ONE CVS DR  
WOONSOCKET, RI 02895 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CVS DR  
C/O LEGAL DEPT  
WOONSOCKET, RI 02895 US

**New Mailing Address:**

FEI Number: 58-0515338      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZENON  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: D ( ) Delete  
Name: MOFFATT  
Address: ONE CVS DR  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Delete  
Name: LUKER  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Delete  
Name: CIMBRON  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LANKOWSKY, ZENON P  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: D (X) Change ( ) Addition  
Name: THOMAS, MOFFATT S  
Address: ONE CVS DR  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S (X) Change ( ) Addition  
Name: MELANIE, LUKER  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S (X) Change ( ) Addition  
Name: LINDA, CIMBRON  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

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: ZENON P LANKOWSKY

P

07/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date