

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000002356 (2)**

1. Corporation Name

**SUNSCRIPT PHARMACY CORPORATION**

Principal Place of Business

**101 SUN LANE  
ALBUQUERQUE NM 87109  
US**

Mailing Address

**LEGAL DEPT.  
101 SUN LANE  
ALBUQUERQUE NM 87109  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/15/1995**

4. FEI Number

**85-0406441**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **101 Sun Avenue NE**  
Suite, Apt #, etc.

2a. Mailing Address  
26 **101 Sun Avenue NE**  
Suite, Apt #, etc.

22 City & State  
23 **Albuquerque NM**  
Zip Country  
24 **87109** 25 **USA**

27 City & State  
28 **Albuquerque NM**  
Zip Country  
29 **87109** 30 **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
SCHELLING, WARREN  
5101 MASTHEAD ST., N.E.  
ALBUQUERQUE NM**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
WARRICK, WILLIAM C  
101 SUN LANE NE  
ALBUQUERQUE NM 87109**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
MANN, NIKKI J  
101 SUN LANE NE  
ALBUQUERQUE NM 87109**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
DRISCOLL, JOHN D  
101 SUN LANE NE  
ALBUQUERQUE NM 87109**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WATIL, ROBERT D  
101 SUN LANE NE  
ALBUQUERQUE NM 87109**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**101 Sun Avenue NE  
Albuquerque NM 87109**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**101 Sun Avenue NE  
Albuquerque NM 87109**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**101 Sun Avenue NE  
Albuquerque NM 87109**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**101 Sun Avenue NE  
Albuquerque NM 87109**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**Wattil, Robert D.  
101 Sun Avenue NE  
Albuquerque NM 87109**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**Assistant Secretary  
Michael T. Berg  
101 Sun Avenue NE  
Albuquerque NM 87109**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Michael Berg*

*Michael T. Berg*

*2-2-98*

*505/821-3355*

CR2E034 (10/97)