

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004613 (4)**  
 1. Corporation Name  
**RITE AID OF SOUTH CAROLINA, INC.**



Principal Place of Business <b>PO BOX 3165 HARRISBURG PA 17105</b>	Mailing Address <b>PO BOX 3165 HARRISBURG PA 17105-3165</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/22/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number <b>23-2047222</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip Country	29. Zip Country	30. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 title (Applicable) (NOTE: Registered Agent signature required with filing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, FRANKLIN</b>	1.2 NAME	
STREET ADDRESS	<b>30 HUNTER LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMP HILL PA 17011</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORGONZI, FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>30 HUNTER LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMP HILL PA 17011</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAHULEC, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>30 HUNTER LN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMP HILL PA 17011</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRASS, ALEX</b>	4.2 NAME	
STREET ADDRESS	<b>4025 CROOKED HILL RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRISBURG PA 17110</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRASS, MARTIN</b>	5.2 NAME	
STREET ADDRESS	<b>1700 MOUNTAINVIEW RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRIDBURG PA 17110</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **4-25-97 (717) 761-2633**

CR2E034 (9/96)