

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 PO BOX 3165 HARRISBURG PA 17105	Mailing Address PO BOX 3165 HARRISBURG PA 17105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1995	
21	22	26	27	4. FEI Number 23-2047222	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	28	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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: X *[Signature]* 4/21/98 (717)761-2633

CR2E034 (10/97)