

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004613

1. Entity Name

RITE AID OF SOUTH CAROLINA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90929 019 ***150.00

Principal Place of Business
 PO BOX 3165
 HARRISBURG PA 17105

Mailing Address
 PO BOX 3165
 HARRISBURG PA 17105-3165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **23-2047222**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, FRANKLIN	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRONZI, FRANK	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRAHULEC, JAMES	
STREET ADDRESS	30 HUNTER LN	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	P	<input type="checkbox"/> Delete
NAME	KIBLER, CHARLES	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPEAKER, JOSEPH	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	S	<input type="checkbox"/> Delete
NAME	GELMAN, I LAWRENCE	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOT S. GERSON	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIOT S. GERSON

4/10/00

Date

(717) 761-2633

Daytime Phone #

CR2E034 (9/99)