

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90929 019 \*\*\*150.00

DOCUMENT # **F95000004613**

1. Entity Name  
**RITE AID OF SOUTH CAROLINA, INC.**

Principal Place of Business PO BOX 3165 HARRISBURG PA 17105	Mailing Address PO BOX 3165 HARRISBURG PA 17105-3165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>23-2047222</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>ELLIOT S. GERSON</b> STREET ADDRESS: <b>30 HUNTER LANE</b> CITY-ST-ZIP: <b>CAMP HILL PA 17011</b>
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 designated 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: **ELLIOT S. GERSON** Date: **4/10/00** Daytime Phone #: **(717) 761-2633**

CR2E034 (9/99)