

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90009 038 ***150.00

DOCUMENT # F95000004613

1. Entity Name

RITE AID OF SOUTH CAROLINA, INC.

Principal Place of Business

Mailing Address

**PO BOX 3165
HARRISBURG PA 17105****PO BOX 3165
HARRISBURG PA 17105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O TAX DEPT.**P.O. BOX 3165****HARRISBURG, PA****17105**4. FEI Number **23-2047222**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete		V/D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	GERSON, ELLIOT S	30 HUNTER LN	CAMP HILL PA 17011						
	V			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KRAHULEC, JAMES	30 HUNTER LN	CAMP HILL PA 17011						
	P			<input checked="" type="checkbox"/> Delete		P/D			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	KIBLER, CHARLES	30 HUNTER LANE	CAMP HILL PA 17011			DAVID R. JESSICK	30 HUNTER LANE	CAMP HILL, PA 17011	
	T			<input checked="" type="checkbox"/> Delete		V/S/D			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	SPEAKER, JOSEPH	30 HUNTER LANE	CAMP HILL PA 17011			ROBERT B. SARI	30 HUNTER LANE	CAMP HILL, PA 17011	
	S			<input checked="" type="checkbox"/> Delete		T			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	GELMAN, LAWRENCE	30 HUNTER LANE	CAMP HILL PA 17011			GLENN GERSHENSON	30 HUNTER LANE	CAMP HILL, PA 17011	
				<input type="checkbox"/> Delete		V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
						VLADIMIR RAICEVIC	30 HUNTER LANE	CAMP HILL, PA 17011	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VLADIMIR RAICEVIC

Date

4/18/01

Daytime Phone #

(717) 761-2633

CP2E034 (10/00)