

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90065 007 \*\*\*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  
**C/O TAX DEPT.  
 PO BOX 3165  
 HARRISBURG PA 17105**

000440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**30 HUNTER LANE**

Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**CAMP HILL, PA**

City & State

4. FEI Number **23-2047222**

Applied For  
 Not Applicable

Zip **17011** Country

Zip Country

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

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 \_\_\_\_\_ 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, 2002 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  Change  Addition

TITLE  Delete  
**VD**  
 NAME **GERSON, ELLIOT S**  
 STREET ADDRESS **30 HUNTER LN**  
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**V**  
 NAME **KRAHULEC, JAMES**  
 STREET ADDRESS **30 HUNTER LN**  
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**PD**  
 NAME **JESSICK, DAVID R**  
 STREET ADDRESS **30 HUNTER LANE**  
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**VSD**  
 NAME **SARI, ROBERT B**  
 STREET ADDRESS **30 HUNTER LANE**  
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**T**  
 NAME **GERSHENSON, GLEN**  
 STREET ADDRESS **30 HUNTER LANE**  
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**V**  
 NAME **RAKEVIC, VLADIMIR**  
 STREET ADDRESS **30 HUNTER LANE**  
 CITY-ST-ZIP **CAMP HILL PA 17011**

TITLE  Change  Addition  
 NAME **RAICEVIC, VLADIMIR**  
 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 *Vladimir Raicevic* **VLADIMIR RAICEVIC** Vice President - Tax **4/17/02** (717) 761-2633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)