

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90285 005 \*1,200.00

DOCUMENT # F97000002831

1. Corporation Name CVS PHARMACY, INC.

Principal Place of Business: ONE CVS DRIVE WOONSOCKET RI 02895  
Mailing Address: ONE CVS DR WOONSOCKET RI 02895 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 05/30/1997  
4. FEI Number: 05-0340626  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, THOMAS	
STREET ADDRESS	280 IRVING AVE	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANKOWSKY, ZENON	
STREET ADDRESS	4 FRANCIS FARM RD	
CITY-ST-ZIP	HARRISVILLE RI 02830	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GALBO, PHILIP C	
STREET ADDRESS	100 WATCH HILL	
CITY-ST-ZIP	EAST GREENWICH RI 02818	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCMONAGLE-GLASS, DIANE	
STREET ADDRESS	80 OAK PT	
CITY-ST-ZIP	WRANTHAM MA 02093	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LUKER, MELANIE K	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas S. Monahan
5.3 STREET ADDRESS	One CVS Drive
5.4 CITY-ST-ZIP	Woonsocket RI 02895
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/5/99 (401) 770-3565

CR2E034 (11/98)