

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002831

1. Entity Name
CVS PHARMACY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90103 001 *3,150.00

Principal Place of Business ONE CVS DRIVE WOONSOCKET RI 02895	Mailing Address ONE CVS DR WOONSOCKET RI 02895-6146 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Attn: Legal Dept.</i>
City & State	City & State
Zip	Country

4. FEI Number 05-0340626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
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.

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 PD	<input checked="" 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 AS	<input checked="" type="checkbox"/> Delete
NAME MORAH, THOMAS S	
STREET ADDRESS ONE CUS DRIVE	
CITY-ST-ZIP WOONSOCKET RI 03895	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Charles Conaway	
STREET ADDRESS One CVS Drive	
CITY-ST-ZIP Woonsocket RI 02895	
TITLE V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Larry Solberg	
STREET ADDRESS One CVS Drive	
CITY-ST-ZIP Woonsocket RI 02895	
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 Melanie Glass **FORWARDED** 4-4-00 401-770-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)