

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002831

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: CVS PHARMACY, INC.

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CVS DR  
LEGAL DEPARTMENT  
WOONSOCKET, RI 02895 US

**New Mailing Address:**

FEI Number: 05-0340626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RYAN, THOMAS  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895

Title: VSD ( ) Delete  
Name: LANKOWSKY, ZENON  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895

Title: T ( ) Delete  
Name: GALBO, PHILIP C  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895

Title: AS ( ) Delete  
Name: LUKER, MELANIE K  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895

Title: D ( ) Delete  
Name: BODINE, CHRISTOPHER W  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE K. LUKER

Electronic Signature of Signing Officer or Director

MGRM

04/21/2004

\_\_\_\_\_ Date