

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 16, 2009
Secretary of State**

DOCUMENT# F97000002831

Entity Name: CVS PHARMACY, INC.

Current Principal Place of Business:

ONE CVS DR
WOONSOCKET, RI 02895 US

New Principal Place of Business:

Current Mailing Address:

ONE CVS DR
C/O LEGAL DEPT
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

OFFICERS AND DIRECTORS:

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

Title: S () Delete
Name: LUKER
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S () Delete
Name: CIMBRON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P () Delete
Name: RYAN, THOMAS M
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895 US

Title: D () Delete
Name: DENALE, CAROL A
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: LANKOWSKY, ZENON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S (X) Change () Addition
Name: MELANIE, LUKER
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S (X) Change () Addition
Name: LINDA, CIMBRON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

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 exemption stated in Chapter 119, 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: ZENON P LANKOWSKY

V

07/16/2009

Electronic Signature of Signing Officer or Director

Date