

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002831

FILED
Feb 22, 2011
Secretary of State

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: VSD
Name: LANKOWSKY, ZENON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: VAS
Name: THOMAS, MOFFATT S
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: AS
Name: LINDA, CIMBRON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P/D
Name: MERLO, LARRY J
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895 US

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

Title: AS
Name: NULMAN, MICHAEL B
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

I hereby 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 all other like empowered.

SIGNATURE: THOMAS S. MOFFATT

VAS

02/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date