


**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000002831 1. Entity Name CVS Pharmacy, Inc.	
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DO NOT WRITE IN THIS SPACE

11022123

2. Principal Place of Business One CVS Drive Suite, Apt. #, etc.	3. Mailing Address One CVS Drive Suite, Apt. #, etc. Legal Department
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DO NOT WRITE IN THIS SPACE

City & State Woonsocket RI	City & State Woonsocket RI	4. FEI Number 05-0340626	Applied For <input type="checkbox"/> Not Applicable
Zip 02895	Country USA	Zip 02895	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE
 IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Road
City	Plantation FL
Zip Code	33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Thomas M. Ryan One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Zenon P. Lankowsky One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Philip C. Galbo One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Melanie K. Luker One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Christopher W. Bodine One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Melanie K. Luker** **4-23-03** **401-770-3565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #