


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90010 023 \*\*\*150.00

<b>DOCUMENT # F99000000041</b> 1. Entity Name <b>EXPRESS SCRIPTS SALES DEVELOPMENT CO.</b>					
Principal Place of Business <b>13900 RIVERPORT DRIVE MARYLAND HEIGHTS, MO 63043</b>			Mailing Address <b>13900 RIVERPORT DRIVE MARYLAND HEIGHTS, MO 63043</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>STA 108</b>			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Added to Fees <b>\$5.00 May Be</b>		10. ADDITIONAL FEES <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD TOAN, BARRETT A 13900 RIVERPORT DRIVE MARYLAND HEIGHTS, MO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BASCOMB, STUART L 13900 RIVERPORT DRIVE MARYLAND HEIGHTS, MO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BOUDREAU, THOMAS M 13900 RIVERPORT DRIVE MARYLAND HEIGHTS, MO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS PLUM, JOSEPH W 13900 RIVERPORT DR MARYLAND HEIGHTS, MO 63043</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DARRYL E. WEINRICH</b> <b>13900 RIVERPORT DRIVE</b> <b>MARYLAND HEIGHTS MO 63043</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed; or on an attachment with an address with all other like empowered.					
<b>SIGNATURE: <u>Darryl E. Weinrich</u> DARRYL E. WEINRICH</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <b>314-770-1666</b>					

03000778



01162004 Chg-P CR2E034 (10/03)

4. FEI Number  
**43-1832983**

Applied For  
Not Applicable

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

**FL**