


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 29 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # G67191 (8)
1. Corporation Name
MARSHALLS OF ORANGE PARK, JACKSONVILLE, FL., INC.

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| Principal Place of Business C/O TAX DEPT. 200 BRICKSTONE SQ. ANDOVER MA 01810 | Mailing Address C/O TAX DEPT. 200 BRICKSTONE SQ. ANDOVER MA 01810 |
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DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/01/1983 | | 3a. Date of Last Report 03/20/1996 | |
| 21 Suite, Apt. #, etc. | | 26 One CVS Drive | | 4. FEI Number 04-2804494 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 City & State | | 27 Legal Dept. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 City & State | | 28 Woonsocket RI | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |
| 24 02895 | | 25 USA | | 29 02895 | | 30 USA | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--------------------------|
| TITLE | D | 1.1 TITLE | Director |
| NAME | GOLDSTEIN, STANLEY | 1.2 NAME | Thomas M. Ryan |
| STREET ADDRESS | ONE THEALL RD. | 1.3 STREET ADDRESS | One CVS Drive |
| CITY-ST-ZIP | RYE NY | 1.4 CITY-ST-ZIP | Woonsocket RI 02895 |
| TITLE | PD | 2.1 TITLE | President |
| NAME | ROSSI, JERRY | 2.2 NAME | Zenon P. Lankowsky |
| STREET ADDRESS | 200 BRICKSTONE SQ. | 2.3 STREET ADDRESS | One CVS Drive |
| CITY-ST-ZIP | ANDOVER MA | 2.4 CITY-ST-ZIP | Woonsocket RI 02895 |
| TITLE | VPS | 3.1 TITLE | Vice President/Secretary |
| NAME | AMBRO, J. G | 3.2 NAME | Diane McMonagle Glass |
| STREET ADDRESS | 200 BRICKSTONE SQ. | 3.3 STREET ADDRESS | One CVS Drive |
| CITY-ST-ZIP | ANDOVER MA | 3.4 CITY-ST-ZIP | Woonsocket RI 02895 |
| TITLE | T | 4.1 TITLE | Treasurer |
| NAME | COHEN, IRWIN | 4.2 NAME | Philip C. Galbo |
| STREET ADDRESS | 200 BRICKSTONE SQ. | 4.3 STREET ADDRESS | One CVS Drive |
| CITY-ST-ZIP | ANDOVER MA | 4.4 CITY-ST-ZIP | Woonsocket RI 02895 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | see attached |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____

CR2E034 (4/97)

MARSHALLS

OFFICERS AND DIRECTORS

Directors

Thomas M. Ryan
Daniel Nelson
Charles Conaway

280 Irving Ave., Providence, RI 02906
26 Brookfield Rd., Dover, MA 02030
15 Signal Ridge Way, E. Greenwich, RI 02818

Officers

President

Zenon P. Lankowsky

4 Francis Farm Rd., Harrisville, RI 02830

Vice President

• Diane McMonagle-Glass
: Robert E. Nault
•

80 Oak Point, Wrentham, MA 02093
19 Winchester Lane, N. Smithfield, RI 02896

Treasurer

Philip Galbo

100 Watch Hill, E. Greenwich, RI 02818

Secretary

Diane McMonagle-Glass

80 Oak Point, Wrentham, MA 02093

Assistant Secretary

Jill Goddard
Thomas S. Moffatt

15 Sanderson Avenue, Dedham, MA 02026
11 Charles Street, Dedham, MA 02026

BUSINESS ADDRESS:
One CVS Drive
Woonsocket, RI 02895