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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J42920  
1. Corporation Name  
MANALAPAN PHARMACY COMPANY, INC.

Principal Place of Business  
33 WEST MONROE STREET  
CHICAGO IL 60603

Mailing Address  
33 WEST MONROE STREET  
CHICAGO IL 60603-5300

3. Date Incorporated or Qualified 11-19-86  
3a. Date of Last Report 5-1-96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2750579  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

Country

26

Country

27

Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. Pine Island Road  
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 CD  
NAME KRAMER, FERDINAND  
STREET ADDRESS 33 WEST MONROE ST.  
CITY-ST-ZIP CHICAGO IL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME FORD, FREDERICK C.  
STREET ADDRESS 33 WEST MONROE ST.  
CITY-ST-ZIP CHICAGO IL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DP  
NAME KRAMER, DOUGLAS  
STREET ADDRESS 33 WEST MONROE ST.  
CITY-ST-ZIP CHICAGO IL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME KRAMER, ANTHONY F.  
STREET ADDRESS 33 WEST MONROE ST.  
CITY-ST-ZIP CHICAGO IL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  
NAME BAILEY, Forrest  
STREET ADDRESS 33 W. Monroe St.  
CITY-ST-ZIP Chicago, IL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information indicated on this 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 and that my name appears in Block 12 or Block 13. I further certify that the 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 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.

SIGNATURE:

Anthony F. Kramer

4/30/97

312-346-8600

CR2F034 (9/96)

CS  
5/6/97

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