

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572208

DOCUMENT # P00000052367

1. Entity Name  
34TH STREET CVS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION

01 APR 30 AM 11:56

Principal Place of Business  
ONE CVS DR  
WOONSOCKET RI

Mailing Address  
ONE CVS DR  
WOONSOCKET RI

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656560  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!** After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D CONAWAY, CHARLES C ONE CVS DR WOONSOCKET RI ☒ Delete  
D ZIGERELLI, LARRY J ONE CVS DR WOONSOCKET RI ☐ Delete  
D LANKOWSKY, ZENON P ONE CVS DR WOONSOCKET RI ☒ Delete  
☐ Delete  
☐ Delete  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D/VP Thomas Ryan One CVS Drive Woonsocket, RI 02895 ☒ Change ☐ Addition  
D/VP/S Zenon P. Lankowsky One CVS Dr Woonsocket RI 02895 ☐ Addition  
T Larry D. Solberg One CVS Dr Woonsocket RI 02895 ☒ Addition  
AS Melanie K. Luker One CVS Dr Woonsocket RI 02895 ☒ Addition  
☐ Change ☐ Addition  
AD

13. 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 no 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melanie K. Luker* 4-13-01 (401) 770-3565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)