

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P12485 (9)  
1. Corporation Name  
CVS REVCO D.S., INC.

Principal Place of Business  
1925 ENTERPRISE PARKWAY  
TWINSBURG OH 44087

Mailing Address  
1925 ENTERPRISE PARKWAY  
TWINSBURG OH 44087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One CVS Drive Suite, Apt #, etc. 22 City & State Woonsocket RI 23 Zip 02895 Country USA		2a. Mailing Address 26 One CVS Drive Suite, Apt #, etc. 27 Legal Dept City & State Woonsocket RI 28 Zip 02895 Country USA		3. Date Incorporated or Qualified 12/12/1986	
4. FEI Number 34-1527876		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 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 Block 13 (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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGHESE, LIMO M		1.2 NAME	Thomas M. Ryan	
STREET ADDRESS	79 E 79TH ST		1.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPH, JACK		2.2 NAME	Zenon P. Lankowsky	
STREET ADDRESS	2628 KERWICK ROAD		2.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	UNIVERSITY HTS. OH		2.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, BRIAN P		3.2 NAME	Phillip C. Galbo	
STREET ADDRESS	19708 KENSINGTON CT		3.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	STRONGSVILLE OH		3.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMBRY, TALTON R		4.2 NAME	Thomas S. Moffatt	
STREET ADDRESS	35 E 21ST ST		4.3 STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, BEN		5.2 NAME		
STREET ADDRESS	787 7TH AVE, 21ST FL		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAF, ROBERT		6.2 NAME		
STREET ADDRESS	2273 WELLINGTON CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON OH		6.4 CITY-ST-ZIP		

14. 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 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:



Thomas S. Moffatt  
Assistant Secretary

1/22/98 401-765-1500 X3565  
Date Daytime Phone # 0600828

CR2E034 (10/97)