

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572235

DOCUMENT # P12485

1. Entity Name  
CVS REVCO D.S., INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 AM 11:00

Principal Place of Business  
ONE CVS DR  
WOONSOCKET RI 02895  
US

Mailing Address  
ONE CVS DR  
LEGAL DEPT  
WOONSOCKET RI 02895  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 34-1527876  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 IS \$150.00** 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONWAY, CHARLES	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	LANKOWSKY, ZENON P	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LUKER, MELANIE	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCMONAGLE-GLASS, DIANE	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MOFFATT, THOMAS S	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Ryan	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry D. Solberg	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

Melanie K. Luker, Assistant Secretary  
(401) 770-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)