

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P15366 (8)**

1. Corporation Name  
**OSCO DRUG, INC.**



Principal Place of Business: **3030 CULLERTON DRIVE LICENSE DEPARTMENT FRANKLIN PARK IL 60131**  
Mailing Address: **3030 CULLERTON DRIVE LICENSE DEPARTMENT FRANKLIN PARK IL 60131**

3. Date Incorporated or Qualified: **07/28/1987**      3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **74-2462472**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **709 East South Temple**  
Suite, Apt. #, etc.:  
22. City & State: **Salt Lake City, UT**  
Zip: **84102**      Country:  
2a. Mailing Address: **Attn: Tax Department**  
Suite, Apt. #, etc.: **P.O. Box 27447**  
27. City & State: **Salt Lake City, UT**  
28. Zip: **84127-0447**      Country:

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>AS</b> <input type="checkbox"/> DELETE	NAME: <b>ANDERSON, LARRY D.</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>420 E. SOUTH TEMPLE</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT</b>	1.2 NAME:	
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>MAHER, DAVID L.</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>709 E. SOUTH TEMPLE</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>V</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>ARNTZEN, DAVID M.</b>	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>709 E SOUTH TEMPLE</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT</b>	2.2 NAME:	
TITLE: <b>T</b> <input type="checkbox"/> DELETE	NAME: <b>RIDER, NEAL J</b>	2.3 STREET ADDRESS:	
STREET ADDRESS: <b>709 E SOUTH TEMPLE</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT</b>	2.4 CITY-ST-ZIP:	
TITLE: <b>PD</b> <input type="checkbox"/> DELETE	NAME: <b>LUND, VICTOR L.</b>	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>709 E. SOUTH TEMPLE</b>	CITY-ST-ZIP: <b>SALT LAKE CITY FL</b>	3.2 NAME:	<b>Paul W. Eldridge</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>HERMANS, ROBERT P</b>	3.3 STREET ADDRESS:	<b>136 East South Temple, 11th Flr.</b>
STREET ADDRESS: <b>709 E SOUTH TEMPLE</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT</b>	3.4 CITY-ST-ZIP:	<b>Salt Lake City, UT 84111</b>
		4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:	<b>J. Greg Spencer</b>
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME:	<b>000001829560</b>
		5.3 STREET ADDRESS:	<b>-05/20/96--01052--001</b>
		5.4 CITY-ST-ZIP:	<b>***200.00</b>
		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: **Paul W. Eldridge**      4/29/96      (801) 320-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)

5/1/96