

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

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

**DOCUMENT # P15366 (8)**

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



Principal Place of Business <b>709 E. SOUTH TEMPLE                  SALT LAKE CITY UT 84102</b>	Mailing Address <b>ATTN: TAX DEPARTMENT                  P O BOX 27447                  SALT LAKE CITY FL 84127-0447                  US</b>
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 299 SOUTH MAIN STREET</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State <b>23 SALT LAKE CITY, UT</b>	27 City & State
24 Zip <b>84111</b>	25 Country <b>USA</b>
29 Zip	30 Country

3. Date Incorporated or Qualified <b>07/28/1987</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>74-2462472</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDERSON, LARRY D.	
STREET ADDRESS	420 E. SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHER, DAVID L.	
STREET ADDRESS	709 E. SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, PAUL W	
STREET ADDRESS	136 E. SOUTH TEMPLE, 11TH FLR.	
CITY-ST-ZIP	SALT LAKE CITY UT 84111	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPENCER, GREG J	
STREET ADDRESS	709 E SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUND, VICTOR L.	
STREET ADDRESS	709 E. SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHOLTENS, MARTIN A	
STREET ADDRESS	709 E SOUTH TEMPLE	
CITY-ST-ZIP	SALT LAKE CITY UT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	299 SOUTH MAIN STREET
3.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Paul W. Eldridge* VICE PRESIDENT 4/10/98 (801)961-3200

CR2E034 (10/97)