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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90061 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15366

1. Corporation Name
OSCO DRUG, INC.



Principal Place of Business

299 SOUTH MAIN STREET
SALT LAKE CITY UT 84111
US

Mailing Address

ATTN: TAX DEPARTMENT
P O BOX 27447
SALT LAKE CITY, UT 84127-0447
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1987

4. FEI Number

74-2462472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

84111

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	299 SOUTH MAIN STREET	
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	

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY V. SLOAN	
1.3 STREET ADDRESS	299 SOUTH MAIN STREET	
1.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	299 SOUTH MAIN STREET	
2.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	299 SOUTH MAIN STREET	
4.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	299 SOUTH MAIN STREET	
5.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	299 SOUTH MAIN STREET	
6.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84111	

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, with all other like empowered.

SIGNATURE:

Robert J. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99
Date

(801)961-5600
Daytime Phone #

CR2E034 (1/1/98)