2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22995

FILED May 02, 2008 Secretary of State

Entity Nai	me: JEC FAC	ILITIES FUNDING II, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
8333 BRYAN DAIRY RD LARGO, FL 33777 US			ONE CVS DRIVE WOONSOCKET, RI 028	95 US
Current Mailing Address:			New Mailing Address:	
ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895 US			ONE CVS DRIVE WOONSOCKET, RI 028	95 US
FEI Number	: 13-3512107	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	Current Registered Agent:	Name and Address of N	lew Registered Agent:
C/O CT C0 1200 SOU	ORATION SYS ORPORATION TH PINE ISLA ION, FL 33324	I SYSTEM ND RD.		
The above in the State	e named entity : e of Florida.	submits this statement for th	e purpose of changing its registered o	ffice or registered agent, or both,
SIGNATU				
	Electror	nic Signature of Registered A	Agent	Date
		3(2)(b), F.S., the corporation didgrups of the corporation ().	I not receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () LANKOWSKY, ONE CVS DRIV WOONSOCKE	/ E	Title: () Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	SD () MOFFATT, THO ONE CVS DRIV WOONSOCKE	/E	Title: () Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	AS () LUKER, MELAI ONE CVS DRIV WOONSOCKE	/E	Title: () Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	AS () CIMBRON, LIN ONE CVS DRIV LINCOLN, RI (/E	Title: () Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address:	VT () DENALE, CARO ONE CVS DRIV		Title: VP (X Name: DENALE, CARO Address: ONE CVS DRIV	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: WOONSOCKET, RI 02895

SIGNATURE: THOMAS MOFFATT **SECR** 05/02/2008

City-St-Zip: WOONSOCKET, RI 02895