

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-14-1999 90061 014 ***150.00

DOCUMENT # P38207

1. Corporation Name

OSCO DRUG OF TEXAS, INC.

Principal Place of Business

**299 SOUTH MAIN STREET
SALT LAKE CITY UT 84111
US**

Mailing Address

**PO BOX 27447
SALT LAKE CITY UT 84127
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1992

4. FEI Number

36-3770960

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH 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

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS
NAME ANDERSON, LARRY D
STREET ADDRESS 420 E. SOUTH TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT

☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 299 SOUTH MAIN STREET
1.4 CITY-ST-ZIP SALT LAKE CITY, UT 84111

TITLE S
NAME SLOAN, MARY V
STREET ADDRESS 709 E. SOUTH TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT

☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 299 SOUTH MAIN STREET
2.4 CITY-ST-ZIP SALT LAKE CITY, UT 84111

TITLE T
NAME SPENCER, GREG J
STREET ADDRESS 709 E. SOUTH TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT

☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 299 SOUTH MAIN STREET
3.4 CITY-ST-ZIP SALT LAKE CITY, UT 84111

TITLE V
NAME ELDRIDGE, PAUL W.
STREET ADDRESS 299 SOUTH MAIN STREET
CITY-ST-ZIP SALT LAKE CITY UT 84111

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME BECK, TERESA
STREET ADDRESS 709 E. SOUTH TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT

☐ DELETE

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 299 SOUTH MAIN STREET
5.4 CITY-ST-ZIP SALT LAKE CITY, UT 84111

TITLE PC
NAME LUND, VICTOR L.
STREET ADDRESS 709 EAST SOUTH TEMPLE
CITY-ST-ZIP SALT LAKE CITY UT 84102

☐ DELETE

6.1 TITLE ☒ Change ☐ 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:

Paul W. Eldridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

4/6/99

Date

(801) 961-5600

Daytime Phone #

CR2E034 (1/1/98)