

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38207

1. Entity Name

OSCO DRUG OF TEXAS, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90038 026 \*\*\*150.00

Principal Place of Business

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

Mailing Address

~~PO BOX 27447~~  
~~SALT LAKE CITY UT 84127-0447~~  
~~US~~

2. Principal Place of Business

250 Park Center Blvd.

3. Mailing Address

P.O. Box 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOISE, ID

City & State

BOISE, ID

Zip

Country

83706

Zip

Country

83726

4. FEI Number

36-3770960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, LARRY D 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOAN, MARY V 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENCER, GREG J 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELDRIDGE, PAUL W. 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECK, TERESA 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUND, VICTOR L. 299 SOUTH MAIN STREET SALT LAKE CITY UT 84111	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Gary G. Michael 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bradley M. Vierig 299 South Main Street Salt Lake City, UT 84111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Kaye L. O'Riordan 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas John F. Boyd 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Michael F. Reuling 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Thomas R. Saldin 250 Park Center Blvd. Boise, ID 83706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bradley Vierig*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-00 (801) 961-3520

Daytime Phone #

CR2E034 (9/99)