

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90009 040 ***150.00

DOCUMENT # P94000042020

1. Entity Name
SUPER PHARMACY NETWORK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
PO BOX 3165
HARRISBURG PA 17105
US

Mailing Address
P O BOX 3165
HARRISBURG PA 17105
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
c/o TAX DEPT.
 Suite, Apt. #, etc.
P.O. Box 3165

City & State
HARRISBURG, PA

Zip
17105

4. FEI Number **59-3252055**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
% C T CORPORATION SYSTEMS INC.
1200 S. PINE ISLAND RD.
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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P KIBLER, CHARLES 30 HUNTER HILL CAMP HILL PA 17011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGONZI, FRANK 30 HUNTER LANE CAMP HILL PA 17011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SPEAKER, JOSEPH 30 HUNTER LANE CAMP HILL PA 17011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GELMAN, LAWRENCE 30 HUNTER LANE CAMP HILL PA 17011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FRANKLIN 30 HUNTER LANE CAMP HILL PA 17011 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, ELLIOT S 30 HUNTER LANE CAMP HILL PA 17011 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DAVID R. JESSICK 30 HUNTER LANE CAMP HILL, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D ROBERT B. SARI 30 HUNTER LANE CAMP HILL, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN GERSHENSON 30 HUNTER LANE CAMP HILL, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAMES KRAHULEC 30 HUNTER LANE CAMP HILL, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VLADIMIR RAICEVIC 30 HUNTER LANE CAMP HILL, PA 17011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input 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: Vladimir Raicevic **VLADIMIR RAICEVIC** 4/18/01 (717) 761-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)