
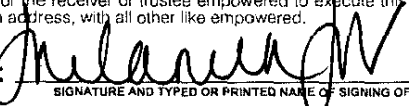


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000087115 1. Entity Name Horatio Orlando CVS, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business One CVS Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Address One CVS Drive <small>Suite, Apt. #, etc.</small> Legal Department			
City & State Woonsocket RI		City & State Woonsocket RI		4. FEI Number 59-3613586 <small>Applied For</small> <small>Not Applicable</small>	
Zip 02895 Country USA		Zip 02895 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name CT Corporation System	
				Street Address (P.O. Box Number is Not Acceptable)	
				1200 South Pine Island Road	
				City Plantation FL Zip Code 33324	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P/D Thomas M. Ryan	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	Thomas M. Ryan	NAME			
STREET ADDRESS	One CVS Drive, Woonsocket RI 02895	STREET ADDRESS			
CITY-ST-ZIP	One CVS Drive, Woonsocket RI 02895	CITY-ST-ZIP			
TITLE	V/S/D Zenon P. Lankowsky	TITLE			
NAME	Zenon P. Lankowsky	NAME			
STREET ADDRESS	One CVS Drive, Woonsocket RI 02895	STREET ADDRESS			
CITY-ST-ZIP	One CVS Drive, Woonsocket RI 02895	CITY-ST-ZIP			
TITLE	T Larry D. Solberg	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	Larry D. Solberg	NAME			
STREET ADDRESS	One CVS Drive, Woonsocket RI 02895	STREET ADDRESS			
CITY-ST-ZIP	One CVS Drive, Woonsocket RI 02895	CITY-ST-ZIP			
TITLE	AS Melanie K. Luker	TITLE			
NAME	Melanie K. Luker	NAME			
STREET ADDRESS	One CVS Drive, Woonsocket RI 02895	STREET ADDRESS			
CITY-ST-ZIP	One CVS Drive, Woonsocket RI 02895	CITY-ST-ZIP			
TITLE	D Christopher W. Bodine	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	Christopher W. Bodine	NAME			
STREET ADDRESS	One CVS Drive, Woonsocket RI 02895	STREET ADDRESS			
CITY-ST-ZIP	One CVS Drive, Woonsocket RI 02895	CITY-ST-ZIP			
TITLE	AS Linda M. Cimbron	TITLE			
NAME	Linda M. Cimbron	NAME			
STREET ADDRESS	One CVS Drive, Woonsocket RI 02895	STREET ADDRESS			
CITY-ST-ZIP	One CVS Drive, Woonsocket RI 02895	CITY-ST-ZIP			
12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Melanie K. Luker		4-23-03 401-770-3565	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E034B (12/02)