


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90981 037 \*\*\*150.00

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

**DOCUMENT #** P99000109860  
 1. Entity Name  
 Taft Street CVS, Inc.



**DO NOT WRITE IN THIS SPACE**

**11022064**

2. Principal Place of Business  
 One CVS Drive  
 Suite, Apt. #, etc.

3. Mailing Address  
 One CVS Drive  
 Suite, Apt. #, etc.  
 Legal Department

DO NOT WRITE IN THIS SPACE

City & State  
 Woonsocket RI

City & State  
 Woonsocket RI

4. FEI Number 65-0971124 Applied For  
 Not Applicable

Zip 02895 Country USA Zip 02895 Country USA

5. Certificate of Status Desired  \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

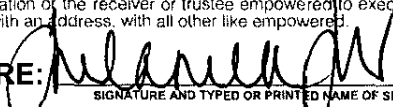
January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>Thomas M. Ryan<br>One CVS Drive, Woonsocket RI 02895       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/S/D<br>Zenon P. Lankowsky<br>One CVS Drive, Woonsocket RI 02895 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>Larry D. Solberg<br>One CVS Drive, Woonsocket RI 02895       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>Melanie K. Luker<br>One CVS Drive, Woonsocket RI 02895      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Christopher W. Bodine<br>One CVS Drive, Woonsocket RI 02895  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>Linda M. Cimbron<br>One CVS Drive, Woonsocket RI 02895      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

CR2E034B (12/02)

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 Date Daytime Phone # 401-770-3565