

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000000482

Entity Name: VALUE DRUG COMPANY**Current Principal Place of Business:**195 THEATER DR
DUNCANSVILLE, PA 16635**Current Mailing Address:**195 THEATER DR
DUNCANSVILLE, PA 16635 US**FEI Number:** 23-1179140**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name DREW, GREGORY
Address 195 THEATER DR
City-State-Zip: DUNCANSVILLE PA 16635

Title DIRECTOR
Name THOMPSON, WILLIAM D. III
Address 600 EAST CHESTNUT AVENUE
City-State-Zip: ALTOONA PA 16601

Title VP
Name BOVER, J.MARK
Address 195 THEATER DR
City-State-Zip: DUNCANSVILLE PA 16635

Title DIRECTOR
Name GRANDIZIO-STEPHENS, KATHRYN
Address 229 MILL STREET
City-State-Zip: DANVILLE PA 17821

Title SECRETARY, DIRECTOR
Name FERRI, WILLIAM T.
Address 3907 OLD WILLIAM PENN HWY
City-State-Zip: MURRYSVILLE PA 15668

Title VP
Name MOSCHELLA, KARLA
Address 195 THEATER DR
City-State-Zip: DUNCANSVILLE PA 16635

Title DIRECTOR
Name SILBAUGH, DARRIN
Address 1300 BENT CREEK BLVD., SUITE 103
City-State-Zip: MECHANICSBURG PA 17050

Title DIRECTOR
Name SHERK, JAKE
Address 428 CLOVERLEAF ROAD
City-State-Zip: ELIZABETHTOWN PA 17022

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY DREW

PRESIDENT

04/25/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name MAHER, ROBERT L.
Address 503 RAILROAD AVE, SUITE 2
PO BOX 45
City-State-Zip: PATTON PA 16668

Title CHAIRMAN
Name STRAUB, FRANCIS X. III
Address 4 RAILROAD STREET
City-State-Zip: ST. MARYS PA 15857

Title DIRECTOR
Name PECK, GARY
Address 2195 ROUTE 442 HWY
City-State-Zip: MUNCY PA 17756