

2001 UNIFORM BUSINESS REPORT (UBR)

0572231

DOCUMENT # P00000015964

1. Entity Name
OAKLAND PARK CVS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 11:44

Principal Place of Business
**ONE CVS DR.
WOONSOCKET RI 02895**

Mailing Address
**ONE CVS DR.
WOONSOCKET RI 02895**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1022032**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

Name
P000004212676--7

Street Address (P.O. Box Number is Not Applicable)
05/11/01--01122--001

****10050.00 ****150.00**

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!
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONSWAY, CHARLES C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DANIEL C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANKOWSKY, ZENON P	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Ryan	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence J. Zigerelli	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket RI 02895	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/VP/S Zenon P. Lankowsky	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry D. Solberg	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanie K. Luker	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Melanie K. Luker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker, Assistant Secretary
(401) 770-3565

Date _____ Daytime Phone # _____

CR2E034 (10/00)

AD