



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000015964</b> 1. Entity Name <b>TAFT UNIVERSITY CVS, INC.</b>						FILED 06 APR 21 PM 3:34 TALLAHASSEE, FLORIDA			
Principal Place of Business <b>ONE CVS DR. LEGAL DEPT WOONSOCKET, RI 02895</b>			Mailing Address <b>ONE CVS DR. LEGAL DEPT WOONSOCKET, RI 02895</b>			 03212006 Chg-P CR2E034 (11/05)			
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1022032</b>				Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
City & State		City & State		6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>LANKOWSKY, ZENON P</b> ONE CVS DR. WOONSOCKET, RI 02895	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT <b>SOLBERG, LARRY D</b> ONE CVS DR. WOONSOCKET, RI 02895	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>MOFFATT, THOMAS S</b> ONE CVS DR. WOONSOCKET, RI 02895	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature] <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>LUKER, MELANIE K</b> ONE CVS DR. WOONSOCKET, RI 02895	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100071634871 04/24/06--01005--011 **50550.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>CIMBRON, LINDA M</b> ONE CVS DRIVE WOONSOCKET, RI 02895	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <i>Linda M. Cimbron</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Linda Cimbron Assistant Secretary			4/5/06 _____ <small>Date</small>		401-765-1500 _____ <small>Daytime Phone #</small>	