

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90093 009 ***150.00

DOCUMENT # P00000068779

1. Entity Name
41ST STREET CVS, INC.

Principal Place of Business ONE CVS DR WOONSOCKET RI 02895	Mailing Address ONE CVS DR WOONSOCKET RI 02895
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address One CVS Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Legal Dept
City & State	City & State Woonsocket RI
Zip	Zip 02895
Country	Country

4. FEI Number 06-1593560	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	DP RYAN, THOMAS M ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<i>see attached</i>
<input checked="" type="checkbox"/> Delete	D ZIGERELLI, LARRY J ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Christopher W. Bodine One CVS Drive Woonsocket, RI 02895
<input type="checkbox"/> Delete	DVPS LANKOWSKY, ZENON P ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	T SOLBERG, LARRY ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	AS LUKER, MELANIE ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Melanie Luker* **Melanie K. Luker**
 Assistant Secretary

4-25-02 **401-765-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)