

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000227

FILED
Apr 02, 2009
Secretary of State

Entity Name: LYNNFIELD DRUG, INC.

Current Principal Place of Business:

ONE EXPRESS WAY
ST. LOUIS, MO 63121

New Principal Place of Business:

Current Mailing Address:

ONE EXPRESS WAY
ST. LOUIS, MO 63121

New Mailing Address:

FEI Number: 04-3546044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCNAMEE, PATRICK
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: VPSE () Delete
Name: FORSYTH, JANICE
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: TREA () Delete
Name: ELLIOTT, KELLEY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: VPAS () Delete
Name: JOHNSTON, GAYLE
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: VPAS () Delete
Name: RONDEAU, KIM
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: ASEC () Delete
Name: NAEGER, JEFFREY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change () Addition
Name: HOUSTON, CHRISTINE
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY NAEGER

ASEC

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date