

No. C 174294		Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NEIGHBORCARE PHARMACY SERVICES, INC. MELANIE LUKER ATTN LEGAL DEPT. ONE CVS DRIVE WOONSOCKET RI 02895		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	THOMAS S MOFFATT	ONE CVS DRIVE	WOONSOCKET	RI	USA	02895
TREASURER	CAROL A DENALE	ONE CVS DRIVE	WOONSOCKET	RI	USA	02895
PRESIDENT	ELIZABETH A HALEY	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI	OH	USA	45202
5. Organized Under the Laws of: DE C 174294		6. Annual Report must be signed.* Signature: THOMAS S MOFFATT Name (type or print): THOMAS S MOFFATT Date: 07/21/2016 Title: SECRETARY				
Processed 07/21/2016		* Electronically provided signatures are accepted as original signatures.				