

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90076 049 ***400.00
 06-22-2000 90050 022 ***150.00

DOCUMENT # **P14413**

1. Entity Name
PHARMACY OPERATIONS, INC.

Principal Place of Business Mailing Address
 1100 N. LINDBERGH BLVD. 1100 N. LINDBERGH BLVD.
 ST. LOUIS MO 63132 ST. LOUIS MO 63132

00071306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
clo Cardinal Health, Inc.
 Suite, Apt. #, etc.
7000 Cardinal Place
 City & State
Dublin, OH
 Zip Country
43017 USA

4. FEI Number Applied For
36-3457864 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, JOHN C	
STREET ADDRESS	5555 GLENDON CT.	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABRAHAMSON, DAVID A	
STREET ADDRESS	1100 N. LINDBERGH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOFMEISTER, RONALD T	
STREET ADDRESS	1100 N LINDBERGH BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRIMER, JEFFREY A	
STREET ADDRESS	1100 N LINDBERGH BLVD	
CITY-ST-ZIP	ST LOUIS MO 63132	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WAGONER, STEPHANIE A	
STREET ADDRESS	5555 GLENDON COURT	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Brandin	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	
TITLE	V.P. Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn L. Martin	
STREET ADDRESS	7000 Cardinal Place	
CITY-ST-ZIP	Dublin, OH 43017	

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 my address, with all other like empowered.

SIGNATURE: *Glenn L. Martin* Date: *7-17-00* Daytime Phone #: *614-757-5000*