

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90371 037 \*\*\*150.00

**DOCUMENT # P14413**  
 1. Entity Name  
**PHARMACY OPERATIONS, INC.**

Principal Place of Business <b>1100 N. LINDBERGH BLVD. ST. LOUIS MO 63132</b>	Mailing Address <b>C/O CARDINAL HEALTH INC 7000 CARDINAL PLACE DUBLIN OH 43017</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-3457864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME D KANE, JOHN C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5555 GLENDON CT.	
CITY-ST-ZIP DUBLIN OH 43016	
TITLE NAME P ABRAHAMSON, DAVID A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1100 N. LINDBERGH BLVD.	
CITY-ST-ZIP ST. LOUIS MO 63132	
TITLE NAME VP HOFMEISTER, RONALD T.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1100 N LINDBERGH BLVD	
CITY-ST-ZIP ST LOUIS MO 63132	
TITLE NAME S BRIMER, JEFFREY A	<input type="checkbox"/> Delete
STREET ADDRESS 1100 N LINDBERGH BLVD	
CITY-ST-ZIP ST. LOUIS MO 63132	
TITLE NAME T BRANDIN, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS 7000 CARDINAL PLACE	
CITY-ST-ZIP DUBLIN OH 43017	
TITLE NAME VPT MARTIN, GLENN L	<input type="checkbox"/> Delete
STREET ADDRESS 7000 CARDINAL PLACE	
CITY-ST-ZIP DUBLIN OH 43017	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME Director Miller, Richard J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7000 Cardinal Place	
CITY-ST-ZIP Dublin, OH 43017	
TITLE NAME President Thomas Slagle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7000 Cardinal Place	
CITY-ST-ZIP Dublin, OH 43017	
TITLE NAME Vice President - Finance Donald C. Schreiber	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7000 Cardinal Place	
CITY-ST-ZIP Dublin, OH 43017	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE: **Glenn L. Martin** 1-15-01 614-757-5000  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #