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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90104 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P23422

1. Corporation Name
AMERISOURCE CORPORATION

Principal Place of Business Mailing Address
300 CHESTERFIELD PKWY. MALVERN PA 19355 **300 CHESTERFIELD PKWY. MALVERN PA 19355**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1989

4. FEI Number **23-2353106** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOST, DAVID R	1.2 NAME	
STREET ADDRESS	300 CHESTER FIELD PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILZINGER, KURT J	2.2 NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICANDILO, MICHAEL D.	3.2 NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHUGH, ROBERT E.	4.2 NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	4.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIGCOTELLI, TERESA T.	5.2 NAME	WILLIAM D. SPRAGUE
STREET ADDRESS	300 CHESTERFIELD PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	5.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERANT, JOHN A	6.2 NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED** 4/7/99 610296-2405
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)