

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23422

1. Entity Name
AMERISOURCE CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90082 027 ***150.00

Principal Place of Business Mailing Address
300 CHESTERFIELD PKWY. **300 CHESTERFIELD PKWY.**
MALVERN PA 19355 **MALVERN PA 19355-9726**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-2353106	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301		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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOST, DAVID R	NAME	
STREET ADDRESS	300 CHESTER FIELD PKWY	STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILZINGER, KURT J	NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICANDILO, MICHAEL D.	NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHUGH, ROBERT E.	NAME	George L. James, III
STREET ADDRESS	300 CHESTERFIELD PKWY	STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGUE, WILLIAM D	NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERANT, JOHN A	NAME	
STREET ADDRESS	300 CHESTERFIELD PKWY	STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	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: Mishel D. [Signature] **CERTIFIED MAIL # 7430710225** 4/19/00 610-246-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/99)