

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2000 90082 027 ***150.00

DOCUMENT # P23422

1. Entity Name
AMERISOURCE CORPORATION

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
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 \$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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	YOST, DAVID R
STREET ADDRESS	300 CHESTER FIELD PKWY
CITY-ST-ZIP	MALVERN PA 19355
TITLE	V <input type="checkbox"/> Delete
NAME	HILZINGER, KURT J
STREET ADDRESS	300 CHESTERFIELD PKWY
CITY-ST-ZIP	MALVERN PA
TITLE	V <input type="checkbox"/> Delete
NAME	DICANDILO, MICHAEL D.
STREET ADDRESS	300 CHESTERFIELD PKWY
CITY-ST-ZIP	MALVERN PA
TITLE	V <input type="checkbox"/> Delete
NAME	MCHUGH, ROBERT E.
STREET ADDRESS	300 CHESTERFIELD PKWY
CITY-ST-ZIP	MALVERN PA
TITLE	VS <input type="checkbox"/> Delete
NAME	SPRAGUE, WILLIAM D
STREET ADDRESS	300 CHESTERFIELD PKWY
CITY-ST-ZIP	MALVERN PA
TITLE	VT <input type="checkbox"/> Delete
NAME	ABERANT, JOHN A
STREET ADDRESS	300 CHESTERFIELD PKWY
CITY-ST-ZIP	MALVERN PA 19355

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	George L. James, III
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	

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. ...* **CERTIFIED MAIL # 7430710225**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **4/19/00** Daytime Phone #: **610-246-4480**

CR2E034 (9/99)