

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90295 037 ***150.00

DOCUMENT # P23422

1. Entity Name
AMERISOURCE CORPORATION

Principal Place of Business
~~300 CHESTERFIELD PKWY.~~
~~MALVERN PA 19355~~
1300 Morris Drive
Chesterbrook, PA 19087

Mailing Address
~~300 CHESTERFIELD PKWY.~~
~~MALVERN PA 19355~~
AmeriSource Corporation
P.O. Box 959
Valley Forge, PA 19482-0959



2. Principal Place of Business
1300 Morris Dr.
 Suite, Apt. #, etc.
Suite 100

3. Mailing Address
P.O. Box 959
 Suite, Apt. #, etc.
Valley Forge PA

DO NOT WRITE IN THIS SPACE

City & State
Chesterbrook PA
 Zip
19087
 Country
USA

City & State
Valley Forge PA
 Zip
19482
 Country
USA

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete JAMES, GEROGE L III 300 CHESTERFIELD PKWY. MALVERN PA 19355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete HILZINGER, KURT J 300 CHESTERFIELD PKWY MALVERN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DICANDILO, MICHAEL D. 300 CHESTERFIELD PKWY MALVERN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MCHUGH, ROBERT E. 300 CHESTERFIELD PKWY MALVERN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VS SPRAGUE, WILLIAM D 300 CHESTERFIELD PKWY MALVERN PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VT ABERANT, JOHN A 300 CHESTERFIELD PKWY MALVERN PA 19355

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V 1300 Morris Drive Chesterbrook, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V 1300 Morris Drive Chesterbrook, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V 1300 Morris Drive Chesterbrook, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Vost, David R 1300 Morris Drive Chesterbrook, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V 1300 Morris Drive Chesterbrook, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V 1300 Morris Drive Chesterbrook, PA 19087

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: Michael D. Dicandilo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/19/01 Daytime Phone # 610-727-7000

CERTIFIED MAIL # _____

CR2E034 (10/00)