

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90081 045 ***150.00



DOCUMENT # P23422
 1. Entity Name
AMERISOURCEBERGEN DRUG CORPORATION

Principal Place of Business: **1300 MORRIS DRIVE CHESTERBROOK, PA 19087**
 Mailing Address: **1300 MORRIS DRIVE CHESTERBROOK, PA 19087**

2. Principal Place of Business: **1300 Morris Drive**
 Suite, Apt. #, etc.
 3. Mailing Address: **1300 Morris Drive**
 Suite, Apt. #, etc.

City & State: **Chesterbrook PA**
 Zip: **19087** Country: **USA**

04062006 Chg-P CR2E034 (11/05)



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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: VPCT NAME: QUINN, J F STREET ADDRESS: 1300 MORRIS DRIVE CITY-ST-ZIP: CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE: P NAME: HAAS, TERRANCE P STREET ADDRESS: 1300 MORRIS DRIVE CITY-ST-ZIP: CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE: SVPC NAME: DICANDILO, MICHAEL D STREET ADDRESS: 1300 MORRIS DRIVE CITY-ST-ZIP: CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE: AS NAME: HIRST, DANIEL T STREET ADDRESS: 1300 MORRIS DRIVE CITY-ST-ZIP: CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE: SVPG NAME: SPRAGUE, WILLIAM D STREET ADDRESS: 1300 MORRIS DRIVE CITY-ST-ZIP: CHESTERBROOK, PA 19087	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: YOST, R DAVID STREET ADDRESS: 1300 MORRIS DRIVE CITY-ST-ZIP: CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVP/CFO/Director NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP + secretary NAME: John Chou STREET ADDRESS: 1300 Morris Drive CITY-ST-ZIP: Chesterbrook, PA 19087	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T Hirst **DANIEL T. HIRST** 4/12/2006 616 727-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40052930

P23422

AmerisourceBergen Corporation
1300 Morris Drive
Chesterbrook, PA 19087

610.727.7000 Phone
610.727.3600 Fax
www.amerisourcebergen.com

April 12, 2006

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: 2006 Corporation Annual Reports

Dear Sir/Madam:

Enclosed please find the below Annual Reports and there corresponding check:

Entity	Amount
AmerisourceBergen Drug Corp.	\$150.00
ASD Specialty Healthcare, Inc.	\$150.00
Clinicare Concepts, Inc.	\$150.00
Express Pharmacy Services, Inc.	\$150.00
IHS Acquisition XXX, Inc.	\$150.00

Please file the enclosed documents and forward a file-stamped copy to our office.

Should you have any questions, please feel free to contact me (610) 727-7000.

Respectfully,

Jennifer Strohm

Jennifer Strohm
Tax Department
AmerisourceBergen Corporation

Enclosures
J

7005 3110 0003 6789 3766