


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90137 029 ***150.00

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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2353106	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPCT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, J F		NAME		
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, TERRANCE P		NAME		
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP		
TITLE	CFOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICANDILO, MICHAEL D		NAME		
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRST, DANIEL T		NAME		
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	SVP, General Counsel & Secretary Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOU, JOHN		NAME	John Chou	
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS	1300 Morris Drive	
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP	Chesterbrook PA 19087	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOST, R DAVID		NAME		
STREET ADDRESS	1300 MORRIS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHESTERBROOK, PA 19087		CITY-ST-ZIP		
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: <i>David Yost</i>		Date: <i>4/28/2008</i>		Daytime Phone #: <i>610 227-2000</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	