

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23422

Entity Name: AMERISOURCEBERGEN DRUG CORPORATION

Current Principal Place of Business:

1 WEST FIRST AVENUE
CONSHOHOCKEN, PA 19428

Current Mailing Address:

1 WEST FIRST AVENUE
CONSHOHOCKEN, PA 19428 US

FEI Number: 23-2353106

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CEO
Name COLLIS, STEVEN H
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR, CFO
Name CLEARY, JAMES
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title ASST. SECRETARY
Name NORTON, ROBERT M
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR
Name CAMPBELL, ELIZABETH S.
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title VP
Name HAWES, SHEILA
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title VP, SECRETARY
Name PIROUZ, KOUROSH Q.
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title VP, SECRETARY
Name RIZOL, JAMES T.
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title PRESIDENT
Name MAUCH, ROBERT P.
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORTON, ROBERT M.

ASSISTANT SECRETARY 03/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name CHANDLER, WILLIS
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title ASST. SECRETARY
Name NORTON, . , ROBERT M
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428

Title PRESIDENT
Name TREMONTE, RICHARD
Address 1 WEST FIRST AVENUE
City-State-Zip: CONSHOHOCKEN PA 19428