

**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

**FILED**  
**Mar 30, 2022**  
**Secretary of State**  
**2818731189CC**

*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            TREMONTTE, RICHARD  
Address         1 WEST FIRST AVENUE  
City-State-Zip: CONSHOHOCKEN PA 19428