

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90078 021 ***150.00

DOCUMENT # 845820

1. Entity Name

OWENS & MINOR MEDICAL, INC.

Principal Place of Business

Mailing Address

P. O. BOX 27626
 COX RD. (GLEN ALLEN. VA 23060)
 VA 23261-7626

P. O. BOX 27626
 4800 COX RD. (GLEN ALLEN. VA 23060)
 RICHMOND VA 23261-7626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-0327460

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MINOR, GILMER G. III	
STREET ADDRESS	4800 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CLARK, JACK M JR	
STREET ADDRESS	4112 WHITFORD CIRCLE	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CARNEAL, DREW ST. J.	
STREET ADDRESS	4800 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BERLING, HENRY A.	
STREET ADDRESS	4800 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BOZARD, RICHARD F	
STREET ADDRESS	14304 WINTER RIDGE	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SMITH, CRAIG R	
STREET ADDRESS	4800 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

R. F. Bozard
 R. F. Bozard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

804-747-9794

CR2E034 (9/99)