## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State **DOCUMENT #** 848997 1. Entity Name 05-14-2002 90058 001 \*\*\*150.00 OMNICARE, INC. Principal Place of Business Mailing Address 50 EAST RIVERCENTER BLVD 1717 DIXIE HIGHWAY STE 1530 SUITE 800 **COVINGTON KY 41011** FT WRIGHT KY 91011 2. Principal Place of Business 3. Mailing Address · · · 100 E Rivercenter Blud. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. City & State Covingtor City & State 4. FEI Number Applied For 31-1001351 Not Applicable Zip Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired 4-1011 <u>u</u>.sa\_ Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code ÷ $\mathsf{FL}$ 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME NAME GREANY, CATHERINE I STREET ADDRESS STREET ADDRESS 2303 GOLDEN AVENUE, APT 504 CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45226 TIT1 F CD ☐ Delete TITLE Change ☐ Addition NAME NAME **HUTTON, E L** STREET ADDRESS STREET ADDRESS 6680 MIRALAKE DR CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45243 ☐ Delete TITLE ☐ Change ☐ Addition PD NAME NAME GEMUNDER, JOEL F STREET ADDRESS STREET ADDRÉSS 5910 SENTINEL RIDGE CITY-ST-ZIP CITY-ST-ZIP **CINCINNATI OH 45243** TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME MARSH, THOMAS R. STREET ADDRESS STREET ADDRESS 3068 BALSAM COURT CITY-ST-ZIP CITY-ST-7IP EDGEWOOD KY 41017 TITLE ☐ Delete TITLE Change Addition NAME HODGES, CHERYL D NAME STREET ADDRESS STREET ADDRESS 9403 CONSTITUTION DR CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45215 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCNAMARA, KEVIN J NAME STREET ADDRESS 2958 GRANDIN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45208 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #

changed, or on an attachment with an address, with all other like empowered