

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90142 024 \*\*\*150.00

0066627 AB

**DOCUMENT # 848997**

1. Entity Name  
**OMNICARE, INC.**



Principal Place of Business  
**100 E. RIVERCENTER BLVD.  
STE. 1500  
COVINGTON KY 41011  
US**

Mailing Address  
**100 E. RIVERCENTER BLVD.  
STE. 1500  
COVINGTON KY 41011  
US**



2. Principal Place of Business  
**100 E. Rivercenter Blvd.**

Suite, Apt. #, etc.  
**Suite 1600**

City & State  
**Covington, Ky**

Zip Country  
**41011 USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1001351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                    |                                            |
|----------------|------------------------------------|--------------------------------------------|
| TITLE          | <b>S</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GREANY, CATHERINE I</b>         |                                            |
| STREET ADDRESS | <b>2303 GOLDEN AVENUE, APT 504</b> |                                            |
| CITY-ST-ZIP    | <b>CINCINNATI OH 45226</b>         |                                            |
| TITLE          | <b>CD</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>HUTTON, E L</b>                 |                                            |
| STREET ADDRESS | <b>6680 MIRALAKE DR</b>            |                                            |
| CITY-ST-ZIP    | <b>CINCINNATI OH 45243</b>         |                                            |
| TITLE          | <b>PD</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>GEMUNDER, JOEL F</b>            |                                            |
| STREET ADDRESS | <b>5910 SENTINEL RIDGE</b>         |                                            |
| CITY-ST-ZIP    | <b>CINCINNATI OH 45243</b>         |                                            |
| TITLE          | <b>VT</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>MARSH, THOMAS R.</b>            |                                            |
| STREET ADDRESS | <b>3068 BALSAM COURT</b>           |                                            |
| CITY-ST-ZIP    | <b>EDGEWOOD KY 41017</b>           |                                            |
| TITLE          | <b>VD</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>HODGES, CHERYL D</b>            |                                            |
| STREET ADDRESS | <b>9403 CONSTITUTION DR</b>        |                                            |
| CITY-ST-ZIP    | <b>CINCINNATI OH 45215</b>         |                                            |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>MCNAMARA, KEVIN J</b>           |                                            |
| STREET ADDRESS | <b>2958 GRANDIN ROAD</b>           |                                            |
| CITY-ST-ZIP    | <b>CINCINNATI OH 45208</b>         |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                            |                                                                              |
|----------------|--------------------------------------------|------------------------------------------------------------------------------|
| 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          |                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>Vice President, Secretary, Director</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>Cheryl D. Hodges</b>                    |                                                                              |
| CITY-ST-ZIP    | <b>100 E. Rivercenter Blvd., Ste. 1600</b> |                                                                              |
|                | <b>Covington, Ky 41011</b>                 |                                                                              |
| TITLE          |                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                            |                                                                              |
| STREET ADDRESS |                                            |                                                                              |
| CITY-ST-ZIP    |                                            |                                                                              |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas R. Marsh**

**3/28/2003**

**859-392-3347**

CR2E034 (10/02)

Attachment  
DOC# 8418997

90134677

**Omnicare, Inc.  
List of Officers**

Edward L. Hutton  
Chairman  
6680 Miralake Drive  
Cincinnati, Ohio 45243  
314-03-8958

Joel F. Gemunder  
President  
5910 Sentinel Ridge  
Cincinnati, Ohio 45243  
080-30-2729

Patrick E. Keefe  
Executive Vice President, Operations  
6358 Turpin Hills Drive  
Cincinnati, Ohio 45244  
484-52-0196

Timothy Bien  
Senior Vice President — Professional Services and Purchasing  
6210 Nuevelle  
Cincinnati, Ohio 45243  
247-48-1404

David W. Froesel, Jr.  
Senior Vice President and Chief Financial Officer  
9060 Whisperinghill  
Cincinnati, Ohio 45242  
494-58-6488

Cheryl D. Hodges,  
Senior Vice President and Secretary  
P.O. Box 15787  
Cincinnati, Ohio 45215  
288-52-2250

Robert Dries  
Vice President — Internal Audit  
3908 Brigadoon Drive  
Cincinnati, Ohio 45255  
401-13-4955

Attachment  
Doc # 248997

910134677

**Omnicare, Inc.  
List of Officers**

W. Gary Erwin  
Vice President — Health  
36 Cedar Brook Road  
Ardmore, Pennsylvania 19003  
453-76-3325

Leo P. Finn, III  
Vice President — Strategic Planning and Development  
1000 Hatch  
Cincinnati, Ohio 45202  
336-42-3235

Daniel Maloney  
Vice President — Purchasing  
6996 Merlin Court  
Cincinnati, Ohio 45244  
487-62-7013

D. Michael Laney  
Vice President — Management Information Systems  
500 Indian Hill Trace  
Cincinnati, Ohio 45243  
292-36-8639

Pete Laterza  
Vice President and General Counsel  
908 Catlin Drive  
Union, Kentucky 41091  
007-50-4995

Thomas W. Ludeke  
Vice President — Medical Supply Operations  
6342 Trailridge Court  
Loveland, Ohio 45140  
287-44-8007

David Morra  
Vice President and CEO of Omnicare Clinical Research, Inc.  
P.O. Box 596  
Newtown Square, Pennsylvania 19073-0596  
063-38-6462

Thomas R. Marsh  
Treasurer, Vice President  
3068 Balsam Court  
Edgewood, KY 41017  
404-62-5131

Attachment  
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**Omnicare, Inc.**  
**List of Officers**

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Regis T. Robbins  
Vice President — Analysis and Controls  
1806 River Heights  
Villa Hills, Kentucky 41017  
006-40-6697

Bradley S. Abbott  
Corporate Controller  
635 Meadow Wood Drive  
Crescent Springs, Kentucky 41017  
405-11-3933

James E. Cialdini  
11346 Loftus Lane  
Union, Kentucky 41091  
399-48-6384

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List of Directors**

Edward L. Hutton  
6680 Miralake Drive  
Cincinnati, Ohio 45243  
314-03-8958

Joel F. Gemunder  
5910 Sentinel Ridge  
Cincinnati, Ohio 45243  
080-30-2729

Timothy E. Bien  
6210 Nueveue Drive  
Cincinnati, Ohio 45243  
274-48-1404

Charles H. Erhart, Jr.  
149 E. 73rd Street  
New York, New York 10021  
128-24-0883

Cheryl D. Hodges,  
9403 Constitution Drive  
Cincinnati, Ohio 45215  
288-52-2250

Thomas C. Hutton  
39 Homesdale Road  
Bronxville, New York 10708  
058-40-8627

Patrick E. Keefe  
6358 Turpin Hills Drive  
Cincinnati, Ohio 45244  
484-52-0196

Sandra E. Laney  
7701 Chumani  
Cincinnati, Ohio 45243  
288-38-1652

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**Omnicare, Inc.**  
**List of Directors**

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Andrea Lindell  
8207 Paddington Court  
West Chester, Ohio 45069  
211-32-4977

Sheldon Margen, M.D.  
1521 Hawthorne Terrace  
Berkeley, California 94708  
563-24-8994

Kevin J. McNamara  
2958 Grandin Road  
Cincinnati, Ohio 45208  
283-56-9317

Dave W. Froesel  
11712 Grandstone Lane  
Cincinnati, Ohio 45249

John H. Timoney  
117 Leabrook Lane  
Princeton, New Jersey 08540