

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90029 004 \*\*\*150.00

**DOCUMENT # 857318**

1. Entity Name  
**BINDLEY WESTERN INDUSTRIES, INC.**

Principal Place of Business 4212 W. 71ST ST INDIANAPOLIS IN 46268	Mailing Address 8909 PURDUE RD INDIANAPOLIS IN 46268-3135
---	---

LUU14031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>84-0601662</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>		
<b>LAPORTE, GARY</b> <b>2600 TITAN ROW</b> <b>ORLANDO FL 32809</b>	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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO</b> <b>BINDLEY, WILLIAM E. (CHRMN)</b> <b>8909 PURDUE RD</b> <b>INDIANAPOLIS IN 46268</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>MCCORMICK, MICHAEL D.</b> <b>8909 PURDUE RD</b> <b>INDIANAPOLIS IN 46268</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Scott D. Teets</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Associate Gen. Counsel &amp; Asst. Sec.</b> <b>8909 Purdue Road</b> <b>Indianapolis, IN 46268</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURKS, KEITH W</b> <b>8909 PURDUE RD</b> <b>INDIANAPOLIS IN 46268</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, SETH B</b> <b>80107 BAVARIA ROAD</b> <b>MACEDONIA OH</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAM F. BINDLEY II</b> <b>27801 WINDING WAY</b> <b>MALIBU CA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO</b> <b>SALENTINE, THOMAS J</b> <b>8909 PURDUE RD</b> <b>INDIANAPOLIS IN 46268</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Scott D. Teets **Associate General Counsel & Assistant Secretary** (317) 704-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/24/00 Daytime Phone #