

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90036 045 \*\*\*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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7000 Cardinal Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Dublin, OH**

4. FEI Number

**84-0601662**

Applied For

Not Applicable

Zip

Country

Zip

Country

**43017**

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

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, 2002 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

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CCEO<br/>BINDLEY, WILLIAM E. (CHRMN)<br/>8909 PURDUE RD<br/>INDIANAPOLIS IN 46268</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President<br/>Gordon A. Troup<br/>7000 Cardinal Place<br/>Dublin, OH 43017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ACAS<br/>TEETS, SCOTT D<br/>8909 PURDUE RD<br/>INDIANAPOLIS IN 46268</b> <input checked="" type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP<br/>MARTIN Glenn L.<br/>7000 Cardinal Place<br/>Dublin, OH 43017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BURKS, KEITH W<br/>8909 PURDUE RD<br/>INDIANAPOLIS IN 46268</b> <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>EVP<br/>Burks, Keith W<br/>8909 Purdue Rd<br/>Indianapolis, IN 46208</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HARRIS, SETH B<br/>80107 BAVARIA ROAD<br/>MACEDONIA OH</b> <input checked="" type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SVP + Treasurer<br/>BRANDIN Donna<br/>7000 Cardinal Place<br/>Dublin, OH 43017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>WILLIAM F. BINDLEY II<br/>27801 WINDING WAY<br/>MALIBU CA</b> <input checked="" type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director<br/>MILLER Richard J.<br/>7000 Cardinal Place<br/>Dublin, OH 43017</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCFO<br/>SALENTINE, THOMAS J<br/>8909 PURDUE RD<br/>INDIANAPOLIS IN 46268</b> <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donna Brandin** 4-30-02 (614) 757-5000

Date

Daytime Phone #

CR2E034 (9/01)