

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004812

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: OWENS & MINOR DISTRIBUTION, INC.

**Current Principal Place of Business:**

9120 LOCKWOOD BLVD  
MECHANICSVILLE, VA 23116

**New Principal Place of Business:**

**Current Mailing Address:**

POB 27626  
RICHMOND, VA 23261

**New Mailing Address:**

FEI Number: 54-2049200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SMITH, CRAIG R  
Address: 9120 LOCKWOOD BLVD  
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VP  
Name: WARGO, NATALIE  
Address: 9120 LOCKWOOD BLVD  
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VS  
Name: DENHARTOF, GRACE  
Address: 9120 LOCKWOOD BLVD  
City-St-Zip: MECHANICSVILLE, VA 23116

Title: CFO  
Name: BIERMAN, JAMES F  
Address: 9120 LOCKWOOD BLVD  
City-St-Zip: MECHANICSVILLE, VA 23116

Title: VC  
Name: CAPE, OLWEN B  
Address: 9120 LOCKWOOD BLVD  
City-St-Zip: MECHANICSVILLE, VA 23116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE WARGO

VP

04/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date