

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002440 (4)**

1. Corporation Name

AMERICAN PHARMACEUTICALS SERVICES, INC.



Principal Place of Business

Mailing Address

**15415 KATY FREEWAY
HOUSTON TX 77054**

**15415 KATY FREEWAY
HOUSTON TX 77054**

*1771 W. Diehl Rd., Ste. 210
Naperville, IL.*

2. Principal Place of Business

2a. Mailing Address

21 *1771 W. Diehl Rd.*

26 *1771 W. Diehl Rd.*

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 *Ste. 210*

27 *Ste. 210*

City & State

City & State

23 *Naperville, IL.*

28 *Naperville, IL.*

Zip

Country

Zip

Country

24 *60563*

25 *USA*

29 *60563*

30 *USA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P KORSLIN, WILLIAM R**
STREET ADDRESS **15415 KATY FREEWAY, STE 800**
CITY - ST - ZIP **HOUSTON TX**

TITLE ☒ DELETE

NAME **V FRANK, C W**
STREET ADDRESS **15415 KATY FREEWAY, STE 800**
CITY - ST - ZIP **HOUSTON TX**

TITLE ☐ DELETE

NAME **VS BOONE JR., SYDNEY K**
STREET ADDRESS **15415 KATY FREEWAY, STE 800**
CITY - ST - ZIP **HOUSTON TX**

TITLE ☐ DELETE

NAME **D KUNTZ, EDWARD L**
STREET ADDRESS **15415 KATY FREEWAY, STE 800**
CITY - ST - ZIP **HOUSTON TX**

TITLE ☐ DELETE

NAME **D WILLIAMS, LEROY D**
STREET ADDRESS **15415 KATY FREEWAY, STE 800**
CITY - ST - ZIP **HOUSTON TX**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

William R. Korslin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Korslin 4/12/96 708-305-8000
Date Daytime Phone #

CR2E034 (12/95)