## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

## **FILED** Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F95000002440 (4) AMERICAN PHARMACEUTICAL SERVICES, INC. Principal Place of Business Mailing Address 171 W DIEHL RD 1771 W DIEHL RD STE 210 STE 210 NAPERVILLE IL 60563 NAPERVILLE IL 80563 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 94-1736287 21 26 One Ravinia Drive Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 1500 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Atlanta, Zip Country Country 8. This corporation owes or has paid the current year Intangible 30346 Yes 🔲 USA Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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, typad or printed name of registered agent and title diappocable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition KORSLIN, WILLIAM R NAME 1.2 NAME William R. Korslin 15415 KATY FREEWAY, STE 800 One Ravinia Drive, Suite 1500 STREET ADDRESS 1.3 STREET ADDRESS **HOUSTON TX** Atlanta, GA 30346 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE TITLE BOONE JR., SYDNEY K NAME 22 NAME Sydney K. Boone, JR. One Ravinia Drive, Suite 1500 15415 KATY FREEWAY, STE 800 STREET ADDRESS 2.3 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 2 4 City-St-ZIP Atlanta, GA 30346 DELFTE Change XX Addition 31 TITLE TITLE KUNTZ, EDWARD L Charles B. Carden NAME 3 2 NAME 15415 KATY FREEWAY, STE 800 One Ravinia Drive, Suite 1500 STREET ADDRESS 3.3 STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 3.4. CITY-ST-ZIP Atlanta, GA 30346 DELETE ☐ Change Addition 4.1 TITLE TITLE WILLIAMS, LEROY D NAME 4.2 NAME 15415 KATY FREEWAY, STE 800 4.3 STREET ADDRESS STREET ADDRESS **HOUSTON TX** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TATLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6.1 TITLE

**5.2 NAME** 

DELETE

14. Thereby 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 annual report or suppliemental 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 changes, or or an antichnical points an address. 1/19/98 770-673-2515

Change

Addition

2E034