

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002440

1. Entity Name
AMERICAN PHARMACEUTICAL SERVICES, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90574 033 ***550.00

Principal Place of Business

171 W DIEHL RD
STE 210
NAPERVILLE IL 60563
US

Mailing Address

ONE RAVINIA DR
STE. 1500
ATLANTA GA 30346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 94-1736287

Applied For

Not Applicable

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

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	KORSLIN, WILLIAM R	
STREET ADDRESS	ONE RAVINIA DR, STE. 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MIELE, STEFANO M	
STREET ADDRESS	ONE RAVINIA DR, STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, GEORGE D	
STREET ADDRESS	ONE RAVINIA DR, STE 1500	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITTLE, SUSAN T	
STREET ADDRESS	1 RAVINIA DRIVE SUITE 1500	
CITY-ST-ZIP	ATLANT GA 30346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George D. Morgan	
STREET ADDRESS	One Ravinia Dr., Suite 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boyd P. Gentry	
STREET ADDRESS	One Ravinia Drive, Suite 1500	
CITY-ST-ZIP	Atlanta, GA 30346	
TITLE	Vice President + Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris J. Mollet	
STREET ADDRESS	171 W. Diehl Road, 2nd Floor Suite 210	
CITY-ST-ZIP	Naperville, IL 60563	

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 a copy of the report empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris J. Mollet 8/14/00 630 305 8000

Date

Daytime Phone #

CR2E034 (5/00)