June 3, 1996

800001658646 -06/06/96--01082--014 ****122.50 ****122.50

Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

Re: Pharmaceutical Support Services, Inc., a Delaware corporation

Dear Sir/Madam:

I enclose herewith, in duplicate, the duly executed Application by Foreign Corporation to Transact Business in Florida in respect of the above-captioned corporation, and a check in the amount of \$122.50 for the required filing fee (\$70.00) and one (1) certified copy (\$52.50). Included also is a Good Standing Certificate for this corporation issued by the Office of the Delaware Secretary of State.

Kindly return evidence of this filing in the attached addressed, stamped envelope provided for your convenience.

Thank you, and if you have any questions, please do not hesitate to contact me at (415) 983-8331.

Very truly yours,

Lorraine E. Peetz Assistant Secretary

LEP:ams

Enclosures

SECRETARY OF STATE DIVISION OF CORPORATION

96 JUN 16 AM 11: 26

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Pharmaceutical Support Services, Inc.	
	Pharmaceutical Support Services, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	•
2.	The State of Delaware 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	•
4.	May 10, 1996 5. Perpetual	
	May 10, 1996 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	•
6.	upon qualification	
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	•
7.	c/o McKesson Corporation	
	San Francisco, CA 94104 One Post Street - 29th Floor Attn: Lorraine E. Peetz	
8.	(Current mailing address) Provides support services in specified areas involving direct of drugs to patients.	delivery
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	SECA
	Name: The Prentice-Hall Corporation System, Inc.	FIL FIL OF CI
	Office Address: 1201 Hayes Street, Suite 105	등 (PE) (PE) (PE) (PE)
	Tallahassee ,Florida, 32301	
10.	. Registered agent's acceptance: (Zip Code)	<u></u>
cor reg all	tving been named as registered agent and to accept service of process for the above st reporation at the place designated in this application, I hereby accept the appointmen gistered agent and agree to act in this capacity. I further agree to comply with the provision statutes relative to the proper and complete performance of my duties, and I am familiar d accept the obligations of my position as registered agent.	f ne
	Registered agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only-P.O. Box NOT acceptable) Address: ___ Vice Chairman: Director: _____ Address: ____ SEE ATTACHED DIRECTORS' LIST Director: Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: _____ Vice President: SEE APPRACHED OFFICERS! LIST Address: _____ Secretary: _____ Address: _____ Treasurer: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Lorraine E. Peetz. Assistant Secretary
(Typed or printed name and capacity of person signing application)

PHARMACEUTICAL SUPPORT SERVICES, INC.

Officers and Directors

Name and Title	,
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Harrison N. Hoppes President and Director

K. Paul Thadikonda Executive Vice President and General Manager

Patricia L. Shifflett Senior Vice President

Nancy A. Miller Vice President, Secretary and Director

Jon W. d'Alessio Treasurer

Dana T. Iapicca Assistant Secretary

Lorraine E. Peetz
Assistant Secretary

Alan M. Pearce Assistant Treasurer

David L. Mahoncy Director

Business Address

Montgomery Executive Center 6 Montgomery Village Avenue Suite 322 Gaithersburg, MD 20879

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McKesson Corporation One Post Street San Francisco, CA 94104

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACEUTICAL SUPPORT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY, A.D. 1996.

SECRETARY OF STATE
DIVISION OF CORFORATION
OF CORFORATION

Edward J. Freel, Secretary of State

AUTHENTICATION: 7956973

DATE: 05-22-96

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