

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002872 (7)**

1. Corporation Name
PHARMACEUTICAL SUPPORT SERVICES, INC.

Principal Place of Business %MCKESSON CORPORATION 1 POST ST 29TH FLR ATTN LORAIN E PEETZ SAN FRANCISCO CA 94104	Mailing Address %MCKESSON CORPORATION 1 POST ST 29TH FLR ATTN LORAIN E PEETZ SAN FRANCISCO CA 94104-5203
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3. Date Incorporated or Qualified 06/06/1996		3a. Date of Last Report	
4. FEI Number 94-3244674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business Montgomery Executive Ctr. 216 Montgomery Village Ave. Suite, Apt. #, etc. 22 Suite 322 City & State 23 Gaithersburg, MD Zip Country 24 20879 25 USA		2a. Mailing Address 26 No Change Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 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	DP	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HOPPE, HARRISON N			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6 MONTGOMERY VILLAGE AVE #322				
CITY-ST-ZIP	GAITHERSBURG MD 20879				
TITLE	V	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THADIKONDA, K PAUL				
STREET ADDRESS	6 MONTGOMERY VILLAGE AVE #322				
CITY-ST-ZIP	GAITHERSBURG MD 20879				
TITLE	V	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIFFLETT, PATRICIA L				
STREET ADDRESS	6 MONTGOMERY VILLAGE AVE #322				
CITY-ST-ZIP	GAITHERSBURG MD 20879				
TITLE	DVS	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, NANCY A				
STREET ADDRESS	%MCKESSON CORP 1 POST ST				
CITY-ST-ZIP	SAN FRANCISCO CA 94104				
TITLE	T	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	D'ALESSIO, JON W				
STREET ADDRESS	%MCKESSON CORP 1 POST ST				
CITY-ST-ZIP	SAN FRANCISCO CA 94104				
TITLE	S	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	IAPICCA, DANA T				
STREET ADDRESS	%MCKESSON CORP 1 POST ST				
CITY-ST-ZIP	SAN FRANCISCO CA 94104				
1.1 TITLE	Vice President				
1.2 NAME	Shifflett, Patricia L.				
1.3 STREET ADDRESS	7564 Standish Place, Ste. 112				
1.4 CITY-ST-ZIP	Rockville, MD 10855				
4.1 TITLE	Treasurer				
4.2 NAME	Pearce, Alan M.				
4.3 STREET ADDRESS	McKesson Corporation - One Post Street				
4.4 CITY-ST-ZIP	San Francisco, CA 94104				
6.1 TITLE	Assistant Secretary				
6.2 NAME	Lorraine E. Peetz				
6.3 STREET ADDRESS	McKesson Corporation - One Post Street				
6.4 CITY-ST-ZIP	San Francisco, CA 94014				

14. I do 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 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, or on an attachment with an address.

SIGNATURE: *Lorraine E. Peetz*
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

4/10/97

415-983-8331

Date

Daytime Phone #

CR2E034 (9/96)