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Secretary of State

04-21-1999 90146 023 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002872			
1. Corporation Name PHARMACEUTICAL SUPPORT SERVICES, INC.			
Principal Place of Business 6 MONTGOMERY VILLAGE AVE STE 322 GAITHERSBURG MD 20879 US		Mailing Address %MCKESSON CORPORATION 1 POST ST 29TH FLR ATTN LORAIN E PEETZ SAN FRANCISCO CA 94104	
2. Principal Place of Business 21 14665 Rothgeb Drive Suite, Apt. #, etc. 22 City & State 23 Rockville, MD Zip Country 24 20850 25 U.S.A.		2a. Mailing Address McKesson HBOC 26 Attn:Glenette E.Babb Suite, Apt. #, etc. 27 One Post St., 29th Fl. City & State 28 San Francisco, CA Zip Country 29 94104 30 U.S.A.	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOPPE, HARRISON N 6 MONTGOMERY VILLAGE AVE #322 GAITHERSBURG MD 20879 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP J. Douglas Reiff 14665 Rothgeb Drive Rockville, MD 20850 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THADIKONDA, K PAUL 6 MONTGOMERY VILLAGE AVE #322 GAITHERSBURG MD 20879 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIFFLETT, PATRICIA L 7564 STANDISH PLACE STE 112 ROCKVILLE MD <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MILLER, NANCY A %MCKESSON CORP 1 POST ST SAN FRANCISCO CA 94104 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DVS Kristina Veaco c/o McKesson HBOC; One Post St. San Francisco, CA 94104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARCE, ALAN M %MCKESSON CORP 1 POST ST SAN FRANCISCO CA <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TV Nicholas A. Loiacono c/o McKesson HBOC; One Post St. San Francisco, CA 94104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IAPICCA, DANA T %MCKESSON CORP 1 POST ST SAN FRANCISCO CA 94104 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: Glenette E. Babb, Asst. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-14-99 (415) 983-8331
Date Daytime Phone #

CR2E034 (11/98)