

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002872

1. Entity Name

PHARMACEUTICAL SUPPORT SERVICES, INC.

FILED

Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90043 007 ***150.00

Principal Place of Business

14665 ROTHGEB DR
ROCKVILLE MD 20850
US

Mailing Address

%MCKESSON CORPORATION
1 POST ST 29TH FLR ATTN LORAIN E PEETZ
SAN FRANCISCO CA 94104-5233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address c/o MCKESSON HBOC, INC.
Attn: Glenette E. Babb

Suite, Apt. #, etc.

One Post St., Ste 2950

City & State

San Francisco, CA

Zip

94104

Country

U.S.

INC.



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3244674

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	REIFF, J D	
STREET ADDRESS	14665 ROTHGEB DR	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIFFLETT, PATRICIA L	
STREET ADDRESS	7564 STANDISH PLACE STE 112	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	TV	<input type="checkbox"/> Delete
NAME	LOIACONO, NICHOLAS A	
STREET ADDRESS	%MCKESSON CORP 1 POST ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	VEACO, KRISTINA	
STREET ADDRESS	%MCKESSON CORP 1 POST ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	IAPICCA, DANA T	
STREET ADDRESS	%MCKESSON CORP 1 POST ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIFFLETT, PATRICIA L.	
STREET ADDRESS	14665 ROTHGEB DRIVE	
CITY-ST-ZIP	ROCKVILLE, MD 20850	
TITLE	T/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIACONO, NICHOLAS A.	
STREET ADDRESS	ONE POST STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEACO, KRISTINA	
STREET ADDRESS	ONE POST STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABB, GLENETTE E.	
STREET ADDRESS	ONE POST STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, JACLYN L.	
STREET ADDRESS	ONE POST STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	

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 all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW G. KATZER

02/03/00

(415) 983-8300

Date

Daytime Phone #

CR2E034 (9/99)

0020994

PHARMACEUTICAL SUPPORT SERVICES, INC.

Additional Officers and Directors

Name and Title

Business Address

Robert M. Rice
Senior Vice President

14665 Rothgeb Drive
Rockville, MD 20850

Robert J. Glaser
Director

McKesson HBOC, Inc.
Pharmaceutical Partners Group
600 Campus Drive, Suite 160
Florham Park, NJ 07932

Andrew G. Katzer
Assistant Secretary

McKesson HBOC, Inc.
One Post Street
San Francisco, CA 94104