# 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F96000002872

Entity Name: PHARMACEUTICAL SUPPORT SERVICES, INC.

FILED Feb 01, 2002 8:00 AM Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

C/O MCKESSON HBOC, INC 14665 ROTHGEB DRIVE ONE POST ST STE 2950 US ROCKVILLE, MD 20850 SAN FRANCISCO, CA 94104 US

#### **Current Mailing Address:**

ATTN: GLENETTE E BABB ONE POST STREET SUITE 2950 SAN FRANCISCO, CA 94104

**New Mailing Address:** 

ATTN: GLENETTE E BABB ONE POST, STREET SUITE 2950 SAN FRANCISCO, CA 94104

FEI Number: 94-3244674 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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:

Address:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition PFAU, MARGARET M Name: REIFF, J D Name: 14665 ROTHGEB DR 9700 N 91ST STREET, SUITE 232 Address: Address:

City-St-Zip: ROCKVILLE, MD 20850 City-St-Zip: SCOTTSDALE, AZ 85258 US

VΡ Title: Title: () Delete (X) Change ( ) Addition ZAKOUR, RICHARD A Name: SHIFFLETT, PATRICIA L Name:

14665 ROTHGEB DRIVE 14665 ROTHGEB DRIVE Address: Address: ROCKVILLE, MD ROCKVILLE, MD 20850 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete VTD LOIACONO, NICHOLAS A LOIACONO, NICHOLAS A Name: Name:

ONE POST STREET ONE POST STREET Address: Address:

City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: DVS ( ) Delete Title: VSD (X) Change ( ) Addition VEACO, KRISTINA VEACO, KRISTINA Name: Name:

Address: ONE POST STREET Address: ONE POST STREET

City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: Title: (X) Change ( ) Addition () Delete AS BABB, GLENETTE E BABB, GLENETTE E Name: Name:

ONE POST STREET Address: ONE POST STREET Address: SAN FRANCISCO, CA 94104 US City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip:

Title: Title: (X) Change ( ) Addition

() Delete LARSON, JACLYN L Name: Name: KATZER, ANDREW G

ONE POST STREET City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: SAN FRANCISCO, CA 94104 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

ONE POST STREET

SIGNATURE: GLENETTE E BABB AS 02/01/2002