

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90283 030 \*\*\*150.00

**DOCUMENT # F96000006102**

1. Entity Name

**IBAH, INC.**

Principal Place of Business

Mailing Address

**FOUR VALLEY SQUARE  
 512 TOWNSHIP LINE ROAD  
 BLUE BELL, PA 19422  
 US**

**c/o OMNICARE, INC.  
 1717 DIXIE HWY  
 STE. 800  
 FT. WRIGHT, KY 41011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1670189**

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

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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

TITLE **P** ☐ Delete  
 NAME **STIGLIANO, LEONARD F.**  
 STREET ADDRESS **4 Valley Square, 512 Township Line Road**  
 CITY - ST - ZIP **Blue Bell, PA 19422**

TITLE **VP** ☐ Delete  
 NAME **IMPERATO, JOHN F.**  
 STREET ADDRESS **4 Valley Square, 512 Township Line Road**  
 CITY - ST - ZIP **Blue Bell, PA 19422**

TITLE **T** ☐ Delete  
 NAME **ABBOTT, BRADLEY S.**  
 STREET ADDRESS **1717 DIXIE HWY, STE. 800**  
 CITY - ST - ZIP **FT. WRIGHT, KY 41011**

TITLE **D** ☐ Delete  
 NAME **GREANY, CATHERINE I**  
 STREET ADDRESS **2303 GOLDEN AVE, APT. #504**  
 CITY - ST - ZIP **CINCINNATI, OHIO 45223**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE: *Bradley S. Abbott*

**BRADLEY S. ABBOTT**

**4/30/2000**

**859-426-3069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**A00G1442**

DO NOT WRITE IN THIS SPACE