

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90086 040 \*\*\*150.00

**DOCUMENT # F99000003891**

1. Entity Name  
**ADVANCEPCS MAIL SERVICES OF BIRMINGHAM, INC.**



Principal Place of Business  
**9501 E. SHEA BLVD. - MC024  
SCOTTSDALE AZ 85260**

Mailing Address  
**9501 E. SHEA BLVD. - MC024  
SCOTTSDALE AZ 85260**



2. Principal Place of Business  
**2700 Milan Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**750 W. John Carpenter**  
Suite, Apt. #, etc.  
**#1200**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Birmingham, AL**  
Zip  
**35211**  
Country  
**USA**

City & State  
**Irving, TX**  
Zip  
**75039**  
Country  
**USA**

4. FEI Number **63-1222539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDVP PEARCE, PHIL L 9501 E. SHEA BLVD SCOTTSDALE AZ 85260</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCFO PHILLIPS, T. DANNY 5215 N. O'CONNOR BLVD. #1600 IRVING TX 75039-3742</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TAT GIERWIELANIEC, GREG 9501 E. SHEA BLVD. SCOTTSDALE AZ 85260</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAS BROWN, SAMANTHA 9501 E. SHEA BLVD. SCOTTSDALE AZ 85260</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP GEORGE, DAVID A 9501 E. SHEA BLVD. SCOTTSDALE AZ 85260</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CCEO HALBERT, DAVID D 5215 N. O'CONNOR BLVD. IRVING TX 75039</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO David P. Halbert 750 W. John Carpenter Frwy. Ste. 1200 Irving, TX 75039</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President David A. George 750 W. John Carpenter Frwy. Ste. 1200 Irving, TX 75039</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO Von Y. Jordan 750 W. John Carpenter Frwy. Ste. 1200 Irving, TX 75039</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary + VP Laura I. Johansen 750 W. John Carpenter Frwy. Ste. 1200 Irving, TX 75039</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Assist. Secretary Shawn Shearer 750 W. John Carpenter Frwy. Ste. 1200 Irving, TX 75039</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Stephen Hawk 750 W. John Carpenter Frwy. Ste. 1200 Irving, TX 75039</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-03**

Date

Daytime Phone #

CR2E034 (10/02)