

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90110 046 ***150.00

DOCUMENT # K51730

1. Entity Name

EXPRESS PHARMACY SERVICES, INC.

Principal Place of Business

**4000 METROPOLITAN DR.
 ORANGE CA 92868
 US**

Mailing Address

**4000 METROPOLITAN DR.
 ORANGE CA 92868
 US**

2. Principal Place of Business

1300 Morris Drive

3. Mailing Address

P.O. Box 959

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chesterbrook, PA

City & State
Valley Forge, PA

4. FEI Number

59-2919363

Applied For

Not Applicable

Zip
19087-5594

Country

US

Zip
19482

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
SAWDEI, MILAN A
4000 METROPOLITAN DR.
ORANGE CA 92868 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
CARPENTER, CHARLES J
4000 METROPOLITAN DR.
ORANGE CA 92868 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
MONTEVIDEO, MICHAEL
4000 METROPOLITAN DR.
ORANGE CA 92868 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
EVP
DIMICK, NEIL F
4000 METROPOLITAN DR
ORANGE CA 92868 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Director/Secretary
William D. Sprague
4000 Metropolitan Drive
Orange, CA 92868 ☐ Change ☒ Addition

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Assistant Secretary
Kent Harms
4000 Metropolitan Drive
Orange, CA 92868 ☐ Change ☒ Addition

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

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

Kent Harms, Assistant Secretary 1/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)