## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M9700000388  1. Entity Name THE HARVARD DRUG GROUP, L.L.C.				FILED		85 AF	
				SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Plac	e of Business	Mailing Address		00 FEB 29 AMII: 36			
31778 ENTERPRISE DRIVE 31778 ENTERPRISE DRIVE LIVONIA MI 48150-1960							
LII O (W) W				 	) BOIN DONG HIBI (DIB) IBN 1	111	
2. Principal P	Place of Business	3. Mailing Address					
			DO NOT WRITE IN THIS SPACE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. FEI Number 38-3359612	Applied Fo		
Zip	Country	Zip	Country .	5. · Certificate of Status Desired	\$5.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered			
			Name			ļ	
BLOOM, JEFF 7173-7175 W. OAKLAND PARK BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
	ILL FL 33313	1					
		1	City	F	Zip Code		
8. The above	named entity submits this statement fo	or the purpose of changi	ng its registered office or regi	stered agent, or both, in the State of Florida.			
SIGNATURE .		4					
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signature req	uired when reinstating) DATE			
			E NOW!!! FEE IS \$50.0	1		ļ	
		Make Chec	k Payable to Departmen	it of State			
9.	MANAGING MEMB		10.	ADDITIONS/CHANGE		filen 6	
TITLE NAME	MGR GREAT LAKES WHOLESALE DRI	UGS. INC.	TITLE NAME	-03/14/00	01032007	(6)	
STREET ADDRESS CITY-ST-ZIP	31778 ENTERPRISE DRIVE		STREET ADDRESS CITY-ST-ZIP	*****58.80	*****50.88	mental (9/99) mental (9/99) mental (9/99)	
TITLE	LIVONIA MI <u>48150</u>	Delete	MILE		Change Add		
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CITY-8T-ZIP			GITY- 8T- ZIP	nf 319100			
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CITY-ST-ZIP			CITY- 8T- ZIP		☐ Change ☐ Add	dition	
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STREET ADDRESS CITY-ST-ZIP			STREET ACORESS CITY-ST-ZLP				
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NAME STREETADORESS		1	STREET ADDRESS				
CITY-81-ZIP			CITY-\$1-ZIP	Continue 410 07/0V/) Florido Chabana 14 milione	partifue that the information	ion	
i&Hicated	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truste	that my signature shall.	have the same legal effect as	n Section 119.07(3)(i), Florida Statutes. I further o if made under oath; that I am a managing mem napter 608, Florida Statutes.	ber or manager of the		