FILED

(714) 385-4000

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 07, 2001 8:00 am **DOCUMENT # P05778 Secretary of State** BERGEN BRUNSWIG DRUG COMPANY 02-07-2001 90134 039 ***150.00 Principal Place of Business Mailing Address 4000 METROPOLITAN DRIVE 4000 METROPOLITAN DRIVE P.O. BOX 5915 P.O. BOX 5915 ORANGE CA 92613-0915 ORANGE CA 92613-0915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-2574740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name___ CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRENT R MARTINI NAME STREET ADDRESS 4000 METROPOLITAN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CA VSD ☐ Delete ☐ Addition NAME SAWDEI, MILAN A NAME STREET ADDRESS 4000 METROPOLITAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CA TITLE TITLE ★ Addition 🔀 Delete ☐ Change Montevioeo, Michael NAME SCHMITT, ERIC J... NAME 4000 METROPOLITAN DR STREET ADDRESS 4000 METROPOLITAN DR STREET ADDRESS CITY-ST-ZIP 92868 CITY-ST-ZIP CA ORANGE CA ORANGE TITLE ☐ Delete TITI F ☐ Change ☐ Addition DIMICK, NEIL F NAME NAME STREET ADDRESS 4000 METROPOLITAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CA TITLE ☐ Delete TITLE ☐ Change Addition SAWDEI, MILAN A NAME NAME STREET ADDRESS 4000 METROPOLITAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CA 92868 TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.



\$11412 POST18

4000 Metropolitan Drive, Orange, CA 92868 (714) 385-4000

January 30, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Bergen Brunswig Drug Company

Dear Sir/Madam:

Enclosed please find the 2001 Uniform Business Report for Bergen Brunswig Drug Company for filing with your office. Also enclosed is a check for the filing fee of \$150.00.

Please file the enclosed documents and forward a file-stamped copy to our office in the enclosed return envelope.

Should you have any questions, please feel free to contact me at (714) 385-4563.

Sincerely,

Sharon Lang

Administrative Assistant

Tax Department

Bergen Brunswig Corporation

SML

Enclosures (2)

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811412 P08778



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Sincerely,

Sharon Lang

Administrative Assistant

Tax Department

Bergen Brunswig Corporation

SML

Enclosures (2)



8 11413 D05778 Box 5916 Orange, California 92863-5916

01/15/01 0171 CHECK NO. 0003439128 90745

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Bergen Brunswig Corporation Box 5916 Orange, California 92863-5916

95-2574740

Mellon Global Cash Management Boston Safe Deposit & Trust Company 135 Santilli Highway - 0260018 Everett, MA, 02149 113

CHECK NO. 0003439128

PAY

ONE HUNDRED FIFTY DOLLARS AND NO CENTS

TO THE ORDER OF

DATE

VOID IF NOT CASHED WITHIN 8 MONTHS

CHECK AMOUN

01/15/01 ***********150.00

FLORIDA DEPARTMENT OF STATE 409 EAST GAINES STREET TALLAHASSEE FL 32314

nATRA

2001 UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # P05778 1. Entity Name BERGEN BRUNSWIG DRUG COMPANY						811412 P05778			
Principal Place 4000 METROPO P.O. BOX 5915 ORANGE CA 5	5	Mailing Address 4000 METROPOLITAN DRIVE P.O. BOX 5915 ORANGE CA 92613-0915			i angling) ili		II NATA SANTE SANTE SANTE SANTE SANTE	Afi BiBes JATI	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			FEI Number	95-2574740		oplied For	
Zip	Country	Zip Country		5.	Certificate of	Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent		7.	Name and Ad	ddress of New Regi	<u>-</u>		
			Name-		_ 				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL Zip Cod	e	
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office of	or registered ac	gent, or both,	in the State of Florida	a.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signs	sture required when r	reinstating)		DATE		
					7				
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee will be \$	550.00 😘 🐫	čl –	on Campaign Financ Fund Contribution.		0 May Be d to Fees	
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NAME	BRENT R MARTINI		NAME						
STREET ADDRESS	4000 METROPOLITAN DR		STREET ADDRESS						
CITY-ST-ZIP	ORANGE CA	<u></u>	CITY-ST-ZIP	<u> </u>					
TITLE	VSD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	SAWDEI, MILAN A		NAME						
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TITLE	VT	Delete	TITLE	 			Change	⊠ Addition	
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CITY-ST-ZIP	ORANGE CA		CITY-ST-ZIP	ORANGE		92868			
TITLE	VD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	DIMICK, NEIL F		NAME						
STREET ADDRESS CITY-ST-ZIP	4000 METROPOLITAN DRIVE		STREET ADDRESS CITY-ST-ZIP						
TITLE	ORANGE CA	☐ Delete		 				- Addition	
NAME	SAWDEI, MILAN A	T Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS						
CITY-ST-ZIP	ORANGE CA 92868		CITY-ST-ZIP						
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indicated of the corr	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, h	true and accurate and that m wered to execute this report a	v signature shall h	have the same.	legal effect as	if made under oath	: that I am an officer	or director:	
SIGNAT	./////		EU. E. DIA	uce Fu	0 11	29/01	(714) ₃₈₅₋	4000	
CIGITAL	SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING OFFICER O	H DIRECTOR	11 -1	<u></u>	Date	Daylime Phone ⊭		