

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P05778**

1. Entity Name

**BERGEN BRUNSWIG DRUG COMPANY****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90022 015 \*\*\*150.00

0616086 AT

Principal Place of Business

**4000 METROPOLITAN DRIVE  
P.O. BOX 5915  
ORANGE CA 92613-0915**

Mailing Address

**4000 METROPOLITAN DRIVE  
P.O. BOX 5915  
ORANGE CA 92613-0915**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  
**95-2574740**Applied For  
Not ApplicableZip  
**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

**CT CORPORATION SYSTEM  
1200 S. 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  
**P  
BRENT R MARTINI  
4000 METROPOLITAN DR  
ORANGE CA** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
SAWDEI, MILAN A  
4000 METROPOLITAN DRIVE  
ORANGE CA** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MONTEVIDEO, MICHAEL  
4000 METROPOLITAN DR  
ORANGE CA 92868** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DIMICK, NEIL F  
4000 METROPOLITAN DRIVE  
ORANGE CA** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SAWDEI, MILAN A  
4000 METROPOLITAN DRIVE  
ORANGE CA 92868** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary/Vice President  
William D. Sprague  
1300 Morris Drive  
Chesterbrook, PA 19087-5594** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Assistant Secretary  
Kent Harms  
4000 Metropolitan Drive,  
Orange, Ca 92868** ☐ Change ☒ AdditionTITLE  
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**

1/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)