

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90155 038 ***150.00

DOCUMENT # P23422

1. Entity Name
AMERISOURCEBERGEN DRUG CORPORATION



Principal Place of Business

1300 MORRIS DRIVE
CHESTERBROOK, PA 19087

Mailing Address

1300 MORRIS DRIVE
CHESTERBROOK, PA 19087

14020063



2. Principal Place of Business

1300 Morris Drive

Suite, Apt. #, etc.

3. Mailing Address

1300 Morris Drive

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

Chesterbrook, PA

City & State

Chesterbrook, PA

Zip

19087

Country

USA

Zip

19087

Country

USA

4. FEI Number

23-2353106

Applied For

Not Applicable

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 RD.
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. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPCT	<input type="checkbox"/> Delete
NAME	QUINN, J F	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILZINGER, KURT J	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	SVRC	<input type="checkbox"/> Delete
NAME	DICANDILO, MICHAEL D	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HIRST, DAVID T	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SPRAGUE, WILLIAM D	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	YOST, R DAVID	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terrance P. Haas	
STREET ADDRESS	1300 Morris Drive	
CITY-ST-ZIP	Chesterbrook, PA 19087	
TITLE	SVP + CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel T. Hirst	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP, General Counsel & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Daniel T. Hirst

Date

Daytime Phone #

7003 3110 0006 3378 1508