FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063569 (4)

1. Corporation Name

AMERISOURCE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
927 SW WOODCREEK DR PALM CITY FL 34990	927 SW WOODCREEK DR PALM CITY FL 34990

3. Date Incorporated or Qualified: 08/16/1995
3a. Date of Last Report: —

2. Principal Place of Business 21	2a. Mailing Address 3714 Grandview Dr. 26 ~~P.O. Box 1560~~
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Apt. # 159-H
City & State 23	City & State Simpsonville, SC 28 ~~Seabrook NH~~
Zip / Country 24 / 25	Zip 29680 / Country 29 ~~03874~~ / 30 U.S.A.

4. FEI Number: 65-0624107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRINDER, JOHN C 927 SW WOODCREEK DR PALM CITY FL 34990	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, THOMAS L		1.2 NAME	
STREET ADDRESS	927 SW WOODCREEK DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, TERESA D		2.2 NAME	
STREET ADDRESS	927 SW WOODCREEK DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	GRINDER, JOHN C		3.2 NAME	
STREET ADDRESS	927 SW WOODCREEK DR		3.3 STREET ADDRESS	~~P.O. Box 1560~~ 3714 Grandview Dr., Apt. 159-H
CITY-ST-ZIP	PALM CITY FL 34990		3.4 CITY-ST-ZIP	~~Seabrook, NH 03874~~ Simpsonville, SC 29680
TITLE	DT	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	GRINDER, JULIE D		4.2 NAME	
STREET ADDRESS	927 SW WOODCREEK DR		4.3 STREET ADDRESS	~~P.O. Box 1560~~ 3714 Grandview Dr., Apt. 159-H
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP	~~Seabrook, NH 03874~~ Simpsonville, SC 29680
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	700001882657
STREET ADDRESS			5.3 STREET ADDRESS	-07/03/96--01018--002
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie D. Grinder Julie D. Grinder 4/28/96 ~~603 NH 3084~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
864-967-0187