| No. **W 103681** | **Due no later than May 31, 2015**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>PHARMERICA DRUG SYSTEMS, LLC<br>TAX DEPARMENT<br>1901 CAMPUS PL<br>LOUISVILLE KY 40299 | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br><br>3. New Registered Agent Signature:* |

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| MANAGER | DAVID W. FROESEL, JR. | 1901 CAMPUS PLACE | LOUISVILLE | KY | USA | 40299-2308 |
| MANAGER | GREGORY S. WEISHAR | 1901 CAMPUS PLACE | LOUISVILLE | KY | USA | 40299-2308 |
| MANAGER | THOMAS A. CANERIS | 1901 CAMPUS PLACE | LOUISVILLE | KY | USA | 40299-2308 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **DE**<br>**W 103681** | Signature: TARA BIRK | Date: 05/19/2015 |
| | Name (type or print): TARA BIRK | Title: SR. TAX ANALYST |

Processed 05/19/2015

* Electronically provided signatures are accepted as original signatures.