

No. C 66562		Due no later than Apr 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. OMNICARE, INC. 900 OMNICARE CENTER 201 EAST FOURTH ST CINCINNATI OH 45202		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JOHN L WORKMAN	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI,	OH	USA	45202	
SECRETARY	ALEXANDER M KAYNE	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI,	OH	USA	45202	
TREASURER	ROBERT O KRAFT	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI,	OH	USA	45202	
DIRECTOR	AMY WALLMAN	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI,	OH	USA	45202	
DIRECTOR	JOHN L WORKMAN	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI,	OH	USA	45202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE C 66562		Signature: Alexander M Kayne				Date: 04/18/2014	
		Name (type or print): Alexander M Kayne				Title: Secretary	
Processed 04/18/2014		* Electronically provided signatures are accepted as original signatures.					