

No. C 66562		Due no later than Apr 30, 2013		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 STREET 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	
DIRECTOR	AMY WALLMAN	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI,	OH	USA	45202	
VICE PRESIDENT	REGIS T ROBBINS	900 OMNICARE CENTER 201 EAST FOURTH STREET	CINCINNATI,	OH	USA	45202	
TREASURER	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	
PRESIDENT	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: Regis T. Robbins				Date: 04/18/2013	
		Name (type or print): Regis T. Robbins				Title: Vice President	
Processed 04/18/2013		* Electronically provided signatures are accepted as original signatures.					