

(No. C 106841

Annual Report Form

Due No Later Than November 30, 1997

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, if Not Correct

DIVERSIFIED PHARMACEUTICAL SERVICES
BARBARA WOODS
7760 FRANCE AVE S STE 500
EDINA MN 55435

CORPORATION SERVICE COMPANY
200 N 23RD ST
BOISE ID 83702

3. Organized Under the Laws of:

MN C 106841

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres./Dir.	Bradford L. Hewitt	7760 France Avenue	Edina	MN	55435
Sec'y/Dir	Donald F. Parman	One Franklin Plaza	Phila.	PA	19101
Director	Tadatoka Yamada	One Franklin Plaza	Phila.	PA	19101

5. *Nature of Business*

*PHARMACEUTICAL Benefit
MANAGEMENT*

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature *[Signature]* Date 9/4/97

Name (Typed or Printed) William J. COE/IMAN Title Asst. Secretary