

1.) CORPORATION NAME: WILLIAMSON DRUG COMPANY, INCORPORATED	DUE DATE: 6/30/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: 00723072		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 900 Omnicare Center
201 East Fourth Street

CITY/ST/ZIP: Cincinnati, OH 45202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ELIZABETH A. HALEY TITLE: PRESIDENT ADDRESS: 900 Omnicare Center 201 East Fourth Street CITY/ST/ZIP/CO: Cincinnati, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DONNA M LECKY TITLE: TREASURER ADDRESS: 900 Omnicare Center 201 East Fourth Street CITY/ST/ZIP/CO: Cincinnati, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JONATHAN D. KUKULSKI TITLE: SECRETARY ADDRESS: 900 Omnicare Center 201 East Fourth Street CITY/ST/ZIP/CO: Cincinnati, OH 45202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JONATHAN D. KUKULSKI	JONATHAN D. KUKULSKI,	6/20/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.