


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90224 016 \*\*\*150.00

DOCUMENT # F03000004110			
1. Entity Name BELLCO DRUG CORP.			
Principal Place of Business 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701		Mailing Address 5500 NEW HORIZONS BLVD. N. AMITYVILLE, NY 11701	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1300 Morris Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Chesterbrook PA	
Zip	Country	Zip	Country
		19087	USA
4. FEI Number 11-1963334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	President + CEO / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUSS, ERIC	NAME	R. David Gost
STREET ADDRESS	5500 NEW HORIZONS BLVD.	STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	CITY-ST-ZIP	Chesterbrook PA 19087
TITLE	VCST <input checked="" type="checkbox"/> Delete	TITLE	EVP + CFO / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUSS, DAVID J	NAME	Michael O. DiCandilo
STREET ADDRESS	5500 NEW HORIZONS BLVD.	STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	CITY-ST-ZIP	Chesterbrook PA 19087
TITLE	CEO <input checked="" type="checkbox"/> Delete	TITLE	VP + Corp Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, NEAL	NAME	Tim G. Guttman
STREET ADDRESS	5500 NEW HORIZONS BLVD.	STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	CITY-ST-ZIP	Chesterbrook PA 19087
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSO, VINCENT	NAME	Mitch Blumenfeld
STREET ADDRESS	5500 NEW HORIZONS BLVD.	STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP	N. AMITYVILLE, NY 11701	CITY-ST-ZIP	Chesterbrook PA 19087
TITLE	<input type="checkbox"/> Delete	TITLE	SVP, General Counsel + Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	John Chou
STREET ADDRESS		STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP		CITY-ST-ZIP	Chesterbrook PA 19087
TITLE	<input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Daniel T. Hirst
STREET ADDRESS		STREET ADDRESS	1300 Morris Drive
CITY-ST-ZIP		CITY-ST-ZIP	Chesterbrook PA 19087
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Daniel Hirst</u>		Date: <u>4/30/2008</u> Daytime Phone #: <u>610 767 7600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	