

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID No.	2. Exact na	me of the Corporation	WATTON OF WILLING	JOE! IN A	425.00 FEITA		
120766	1	OWENS & MINOR DISTRIBUTION, INC.					
3. Principal office address 9120 Lockwood Blvd			City Mechanicsville	·	State VA	Zip 23116	
4. Business Phone No. 804-723-7000			State of Incorporation Virginia				
<u>-</u>		s conducted in Rhode Islar I and surgical suppli	•				
	IAMES AND ADDI	RESSES) ("X" BOX FOR A					
President Name James L. Bierman			Vice-President Name Richard A. Meier				
Street Address The Flats @ West Broad Village #4510			Street Address 1113 Brynlawn Road				
City Glen Allen	State VA	Zip 23060	City State PA			Zip 19085	
Secretary Name Grace R. den Hartog	3		Treasurer Name				
Street Address 1350 Old Mill Road			Street Address				
City Crozier	State VA	Zip 23039	City State		State	Zip	
LIST ALL DIRECTORS (NAMES AND ADD	PRESSES) ("X" BOX FOR	ATTACHMENT)		1 12 1 2 5 4		
Pirector Name Craig R. Smith			Director Name James L. Biern	nan		·	
Street Address 2661 Laclede Avenue			Street Address The Flats @ West Broad Village #4510				
City Richmond	State VA	Zip 23233	City State VA			Zip 23060	
irector Name Grace R. den Hartog			Director Name Richard A. Mei	er	<u> </u>		
Street Address 1350 Old Mill Road	Street Address 1113 Brynlawn Road						
city Crozier	State VA	Zip 23039	City Villanova		State PA	Zip 19085	
SHARES AUTHORIZED			10. SHARES ISSUE	D ("X" BOX I	FOR ATTACHN	ENT)	
			NUMBER OF SHARES	CLASS/SEI	RIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.			100	Comn	non No Par	0	
This report must be execute	d on behalf of the this report mus	corporation by an authorize st be executed on behalf of	ed representative. If the the corporation by the r	corporation is receiver or tru	s in the hands o	f a receiver or trustee,	
File Date		FILED		ng any acco	mpanying sch	that I have examined edules and statements	
Check No		EB 2 8 2014				02/24//1	
			•	Signature of Authorized Representative Date Winston C. Cooper Jr.			
FOR SECRETARY OF STA	TE USE DYY	<u>097200</u>			d D		
rm No. 630			Print or Type Name	or Authorized	a Hepresentativ	re	

Revised: 01/2012