

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
PO BOX 303  
TRENTON, NEW JERSEY 08646

Status Report For: DAVID COWEN

Transaction Number: 60078164

Reported Date: 10/16/2015

Debtor:

DAVID JACK COWEN  
56 ANTHONY WAYNE ROAD  
NEW VERNON, NJ 07976

DATE FILED:

01/09/2015

FILING NUMBER:

26645889

SECURED PARTY:

KGA FULFILLMENT SERVICES INC  
C/O CORPORATION SERVICE COMPANY  
2711 CENTERVILLE ROAD SUITE 400  
WILMINGTON, DE 19808

Filing History: 01/09/2015 UCC1

Images Available For Yes  
Copy Order?

Number Of Pages: 1

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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**UCC FILED**  
**JAN 09 2015**  
**STATE TREASURER**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S SURNAME <b>Cowen</b>	FIRST PERSONAL NAME <b>David</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Jack</b>	SUFFIX
1c. MAILING ADDRESS <b>56 Anthony Wayne Road</b>	CITY <b>New Vernon</b>	STATE <b>NJ</b>	POSTAL CODE <b>07976</b>
COUNTRY <b>USA</b>			

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
COUNTRY			

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>KGA Fulfillment Services, Inc.</b>			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>c/o Corporation Service Company 2711 Centerville Road, Suite 400</b>	CITY <b>Wilmington</b>	STATE <b>DE</b>	POSTAL CODE <b>19808</b>
COUNTRY <b>USA</b>			

4. COLLATERAL: This financing statement covers the following collateral:

**All right, title and interest of the Debtor in and to all of the Equity interests of the Company now or hereafter owned of record or beneficially by the Debtor.**

**"Company" means Philidor Rx Services, LLC and its subsidiaries.**

**"Equity Interests" means (a) any capital stock, share, partnership or membership interest, unit of participation or other similar interest (however designated) in the Company and (b) any option, warrant, purchase right, conversion right, exchange right or other contractual obligation to acquire any such interest or otherwise share in the equity, profit earnings, losses or gains of the Company (including stock appreciation, phantom stock, profit participation or other similar rights).**

*278655 488472*

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	6b. Check <u>only</u> if applicable and check <u>only</u> one box:
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
<input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	

8. OPTIONAL FILER REFERENCE DATA:  
**To be filed with the New Jersey Secretary of State**