

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90146 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000004410

1. Corporation Name
~~MCKESSON CORPORATION~~ McKesson HBOC, Inc.

Principal Place of Business Mailing Address
 ONE POST ST. ONE POST ST.
 SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/24/1994

4. FEI Number **94-3207296** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST., #105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELNFREUND, ALAN	1.2 NAME	Charles W. McCall
STREET ADDRESS	ONE POST ST.	1.3 STREET ADDRESS	McKesson HBOC, Inc./oHBO & Company
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	301 Perimeter Center North
TITLE	PCEO <input type="checkbox"/> DELETE	2.1 TITLE	Atlanta, GA 30346 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULIDO, MARK A	2.2 NAME	
STREET ADDRESS	ONE POST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, WILLIAM A.	3.2 NAME	
STREET ADDRESS	ONE POST ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	
TITLE	VPGS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERSON, IVAN D	4.2 NAME	
STREET ADDRESS	ONE POST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	4.4 CITY-ST-ZIP	
TITLE	VPCS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VCS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NANCY A	5.2 NAME	Kristina Veaco
STREET ADDRESS	ONE POST ST.	5.3 STREET ADDRESS	One Post St.
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	San Francisco, CA 94104
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEETZ, LORRAINE E	6.2 NAME	Glenette E. Babb
STREET ADDRESS	ONE POST ST.	6.3 STREET ADDRESS	One Post St.
CITY-ST-ZIP	SAN FRANCISCO CA 94104	6.4 CITY-ST-ZIP	San Francisco, CA 94104

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenette E. Babb, (Asst. Secretary) **4-14-99** **(415) 983-8331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)