2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004410

Entity Name: MCKESSON CORPORATION

FILED Apr 27, 2006 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|---------------------------------|---------------|---|---|--------------------|--------------------|
| ONE POST SAN FRAN | T ST. NCISCO, CA | 94104 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| ATTN: GLE | T STREET - 3 ENETTE E. B. NCISCO, CA | ABB | | | | | |
| FEI Number: | 94-3207296 | FEI Number Applied For () | FEI Num | ber Not Appli | icable () | Certificate of Sta | atus Desired () |
| Name and | Address of | Current Registered Agent | : | Name and | Address of N | lew Registered | d Agent: |
| 1201 HAYE | NTICE-HALL (ES ST., #105 SSEE, FL 323 | CORPORATION SYSTEM, I 301 US | NC. | | | | |
| | named entity of Florida. | submits this statement for the | ne purpose of | changing it | ts registered o | ffice or register | ed agent, or both, |
| SIGNATUF | RE: | | | | | | |
| | | nic Signature of Registered | Agent | | | Date | |
| Election Can | npaign Financir | ng Trust Fund Contribution (). | | | | | |
| OFFICERS | S AND DIREC | CTORS: | | ADDITION | S/CHANGES | TO OFFICERS | AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | HAMMERGRE ONE POST ST | · · | | Title: Name: Address: City-St-Zip: | () | Change () Additi | on |
| Title: Name: Address: City-St-Zip: | CAMPBELL, J ONE POST ST | | | Title: Name: Address: City-St-Zip: | () | Change () Additi | ion |
| Title: Name: Address: City-St-Zip: | MEYERSON, I ONE POST ST | | | Title: Name: Address: City-St-Zip: | VGS (X) SEEGER, LAUF ONE POST ST. SAN FRANCISC | | ion |
| Title: Name: Address: City-St-Zip: | JACOBS, CHR | INDUSTRIAL WAY | | Title: Name: Address: City-St-Zip: | () | Change () Additi | on |
| Title: Name: Address: City-St-Zip: | | | | Title: Name: Address: City-St-Zip: | () | Change () Additi | ion |
| Title: Name: Address: City-St-Zip: | JULIAN, PAUL ONE POST ST | | | Title: Name: Address: City-St-Zip: | () | Change () Additi | ion |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WU AS 04/27/2006