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

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14 1998 8:00am
Secretary of State

DOCUMENT # **F97000002396 (6)**

1. Corporation Name
MCKESSON AUTOMATED HEALTHCARE, INC.

Principal Place of Business	Mailing Address
% MCKESSON CORPORATION. LORRAINE E. PEETZ ONE POST ST. 29TH FLOOR SAN FRANCISCO CA 94014	% MCKESSON CORPORATION. LORRAINE E. PEETZ ONE POST ST. 29TH FLOOR SAN FRANCISCO CA 94014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/06/1997	
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	4. FEI Number 23-6924928	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAMMERGREN, JOHN H		1.2 NAME		
STREET ADDRESS	ONE POST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, SEAN		2.2 NAME		
STREET ADDRESS	261 KAPPA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15238		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KACHUR, ROBERT		3.2 NAME		
STREET ADDRESS	261 KAPPA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15238		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LUNAK, RICHARD R		4.2 NAME		
STREET ADDRESS	261 KAPPA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15238		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, MATTHEW		5.2 NAME		
STREET ADDRESS	261 KAPPA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15238		5.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, NANCY A		6.2 NAME		
STREET ADDRESS	ONE POST ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA 94104		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 in an attachment with an address.

SIGNATURE: Lorraine E. Peetz Asst. Secy. 4/14/98