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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F97000002396**

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

3. Date Incorporated or Qualifed: 05/06/1997

2. Principal Place of Business 21 McKesson/ HBOC; Attn: Glenette E. Babb	2a. Mailing Address 26 McKesson HBOC Attn: Glenette E. Babb
Suite, Apt. #, etc. 22 One Post St., 29th Fl.	Suite, Apt. #, etc. 27 One Post St., 29th Fl.
City & State 23 San Francisco, CA	City & State 28 San Francisco, CA
Zip / Country 24 94104 25 U.S.A.	Zip / Country 29 94104 30 U.S.A.

4. FEI Number: 23-6924928 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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	☐ 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	VSD	☒ Change ☐ Addition
NAME	MILLER, NANCY A		6.2 NAME	Kristina Veaco	
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 — Date — Daytime Phone #

CR2E034 (11/98)