## . 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9700002396 1. Entity Name

## FILED Apr 02, 2001 8:00 am Secretary of State

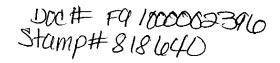
Signature	MCKESS	on auto	DMATED HEALTHCAI	RE, INC.				04-02-200	•			
Suite, Apt. 8, etc.  City & State  Country  Screen and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET  TALLAHASSEE FL 32301  City FL Zip Code  Street Address (P.O. Box Number Is Not Acceptable)  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number Is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number Is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Greater Address (P.O. Box Number Is Not Acceptable)  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET  TALLAHASSEE FL 32301  The PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET	ittn: Glenett 00 Waterfroi	e e. Babb Nt Drive		ATTN: GLENETTE E. BABB ONE POST ST. 29TH FLOOR								
City & State    City & State   City & State   Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required   Fee Required   Fee Required   Fee Required   Fee Required   Street Address of New Registered Agent   T. Name and Address of New Registered Agent   Name	2. Principal P	lace of Busin	ness	3. Mailing Address								
Zip Country Zip Country Signature and Agent Status Desired Status Desired Sea. 75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent are time application. In the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent are time application. In the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent are time application. In the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent are time application. In the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent are time application. In the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent are time and application. In the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent, or both, in the State of Florida.  SIGNATURE Sevenue, speed or private rise of registered agent, or both, in the State of Florida.  SIGNATURE Sevenue, speed or private rise and sevenue are required agent agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State of Florida.  SIGNATURE Sevenue agent, or both, in the State agent,	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to salisfy its Intangible Tax Hilling requirement and elects to do so. (See criteria on back)  The Address (P.O. Box Number is Not Acceptable)  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to salisfy its Intangible Tax Hilling requirement and elects to do so. (See criteria on back)  The Address (P.O. Box Number is Not Acceptable)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  CD HAMMERGREN, JOHN H  NAME HAMMERGREN, JOHN H  ONE POST ST  STREET ADDRESS  OITY-ST-2P  THE MCDONALD, SEAN  STREET ADDRESS  OITY-ST-2P  THE V  Wangur, Manoj K.  STREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE NAME  SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE PART SIREET ADDRESS  OITY-ST-2P  PITTS BURGH PA 15222  THE PART SIRET ADDRESS  OITY-ST-2P  PITTS	City & State	e		City & State			4.	4. FEI Number 23-6924928 Applied For Not Applicate				]
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Miling requirement and elects to do so.  (See criteria on back)  The MAME AMMERIAN STREET ADDRESS ONE POST ST  SIGNATURE  CD  HAMMERIAN STREET ADDRESS  GITY-ST-2P  STREET ADDRESS  GITY-ST-2P  MALE ACHUR, ROBERT  TITLE  WAME  MALE ACHUR, ROBERT  TITLE  WAME  MALE ACHUR, ROBERT  TITLE  WAME  STREET ADDRESS  GITY-ST-2P  PITTSBURGH PA 15222  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  PITTSBURGH PA 15222  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  PITTSBURGH PA 15222  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  PITTSBURGH PA 15222  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  PITTSBURGH PA 15222  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  TITLE  THE STREET ADDRESS  TITLE  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  TITLE  TITLE  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  TITLE  TITLE  TITLE  V  LUNAK, RICHARD R  TOWNST-2P  TITLE  TI	Zip Country			Zip	try	5.	Certificate of Status Desired					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET TALLAHASSEE FL 32301  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typead or primed rarms of registered agent and tible 8 applicable.  (NOTE: Registered Agent algorithms depend agent and registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy as Intangible Tax filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIREET ADDRESS  ON- POST ST  SAN FRANCISCO CA 94104  TITLE  PD  MAME  MOE POST ST  SAN FRANCISCO CA 94104  TITLE  PD  MODONALD, SEAN  MAME  M		6. Name	and Address of Current R	egistered Agent		7.	Name and Address of New F	Registered A	ent		4	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Supature, typed or printed name of registered agent and told if approache. (NOTE Registered Agent signature required when rematating)   DATE	1201	HAYS STR	EET	/STEM, INC		Street A	ddress (P.O. I	Box Number is Not Acceptabl		Zin Code	e	
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE	Signature, typed pration is elig	or printed name of registered agent an ible to satisfy its Intangible and elects to do so.	od title if applicable. (NOT	E: Registerer	IS \$150.0	ure required when r	reinstating)  10. Election Campaign Fil	DATE			
TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	11		OFFICERS AND D					DDITIONS/CHANGES TO OFF	FICERS AND I	DIRECTORS	S IN 11	7
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VEACO, K ONE POS SAN FRAI	RISTINA T ST NCISCO CA 94104		NAM Stre City	E et address -st-zip	ADDIT	IONAL OFFICERS		,	Addition	

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 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attention of the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed in the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed in the chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(415) 983-8331 Daytime Phone #

McKesson HBOC, Inc.
One Post Street
San Francisco, CA 94104-5296





Glenette E. Babb Assistant Secretary Direct Tel 415-983-8331

March 26, 2001

Secretary of State Uniform Business Report Divisions of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: McKesson Automated Healthcare Inc., a Pennsylvania corporation

Dear Secretary:

I enclose herewith the duly executed 2001 Uniform Business Report in respect of the above-named corporation, and a check in the amount of \$150.00 for the required filing fee.

Very truly yours,

Glenette E. Babb Assistant Secretary

GEB:mw

**Enclosures** 

NOC# 1-47000009396 Stampl+ 818640

## McKESSON AUTOMATED HEALTHCARE, INC.

## Officers and Directors

Name and Title **Business Address** Richard R. Lunak 700 Waterfront Drive Pittsburgh, PA 15222 President 700 Waterfront Drive Robert Kachur Vice President Operations Pittsburgh, PA 15222 Nicholas A. Loiacono McKesson HBOC, Inc. Vice President and Treasurer One Post Street San Francisco, CA 94104 McKesson HBOC, Inc. Kristina Veaco Vice President, Secretary and One Post Street San Francisco, CA 94104 Director 700 Waterfront Drive Manoj K. Wangu Vice President Engineering and Manufacturing Pittsburgh, PA 15222 Glenette E. Babb McKesson HBOC, Inc. **Assistant Secretary** One Post Street San Francisco, CA 94104 Ronald Y. Chin McKesson HBOC, Inc. One Post Street Assistant Secretary San Francisco, CA 94104 McKesson HBOC, Inc. Michael L. Harris One Post Street Assistant Secretary San Francisco, CA 94104 Andrew G. Katzer McKesson HBOC, Inc. **Assistant Secretary** One Post Street San Francisco, CA 94104 McKesson HBOC, Inc. Jaclyn L. Larson **Assistant Secretary** One Post Street San Francisco, CA 94104 William E. Wagstaff, Jr. McKesson HBOC, Inc. Assistant Secretary One Post Street San Francisco, CA 94104 McKesson HBOC, Inc. John H. Hammergren Director One Post Street San Francisco, CA 94104

Paul C. Julian

Director

McKesson HBOC, Inc.

San Francisco, CA 94104

One Post Street