

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90110 012 \*\*\*150.00

**DOCUMENT # P01901**

1. Entity Name

**XVIII B MEDI MART, INC.**

Principal Place of Business

**8121 10TH AVE. N.  
GOLDEN VALLEY MN 55427**

Mailing Address

**8121 10TH AVE. N.  
GOLDEN VALLEY MN 55427**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**One Post Street**

Suite, Apt. #, etc.

**2950**

City & State

**San Francisco, CA**

Zip

**94104**

Country

**USA**

4. FEI Number

**41-1240386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NAILE, THOMAS C</b>	
STREET ADDRESS	<b>8121 10TH AVENUE NORTH</b>	
CITY-ST-ZIP	<b>GOLDEN VALLEY MN</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JULIAN, PAUL C</b>	
STREET ADDRESS	<b>1 POST STREET</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94104</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BESKE, GAIL</b>	
STREET ADDRESS	<b>8121 10TH AVE N</b>	
CITY-ST-ZIP	<b>GOLDEN VALLEY MN</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>LOIACONO, NICHOLAS A</b>	
STREET ADDRESS	<b>ONE POST ST.</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94104</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>VEACO, KRISTINA</b>	
STREET ADDRESS	<b>ONE POST ST.</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94104</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. \* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P &amp; CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gary H. Keeler</b>	
STREET ADDRESS	<b>8121 10th Avenue North</b>	
CITY-ST-ZIP	<b>Golden Valley, MN 55427</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kevin M. Swan</b>	
STREET ADDRESS	<b>8741 Landmark Road</b>	
CITY-ST-ZIP	<b>Richmond, VA 23228</b>	
TITLE	<b>VP, CFO &amp; Assistant</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Treasurer</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brett S. Himes</b>	
STREET ADDRESS	<b>One Post Street</b>	
CITY-ST-ZIP	<b>San Francisco, CA 94104</b>	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Andrew G. Katzer - Assistant Secretary**

March 29, 2001

(415) 983-9214

Date

Daytime Phone #

\* PLEASE SEE ATTACHMENT

CR2E034 (10/00)

Document #  
P01901

## **Directors, Officers Report**

### **XVIII B Medi Mart, Inc.**

#### **DIRECTORS AND OFFICERS**

525239

**Brett S. Himes**

**Director**

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

**Nicholas A. Loiacono**

**Vice President, Treasurer and Director**

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

**Kristina Veaco**

**Vice President, Secretary and Director**

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

**Gary H. Keeler**

**President and Chief Executive Officer**

8121 10<sup>th</sup> Avenue North  
Golden Valley, MN 55427

**Gail Beske**

**Chief Financial Officer, Vice President and Assistant Treasurer**

8121 10<sup>th</sup> Avenue North  
Golden Valley, MN 55427

**Bill Blanchfill**

**Vice President, Chief Compliance Officer and Assistant Secretary**

8121 10<sup>th</sup> Avenue North  
Golden Valley, MN 55427

**Amy Kleinschmidt**

**Assistant Secretary**

8121 10<sup>th</sup> Avenue North  
Golden Valley, MN 55427

**Thomas C. Naile**

**Vice President**

8121 10<sup>th</sup> Avenue North  
Golden Valley, MN 55427

**Jean Serafin**

**Vice President**

8121 10<sup>th</sup> Avenue North  
Golden Valley, MN 55427

**Glenette E. Babb**

**Assistant Secretary**

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

**Ronald Y. Chin**

**Assistant Secretary**

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