

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004410

Entity Name: MCKESSON CORPORATION**Current Principal Place of Business:**6535 N. STATE HIGHWAY 161
IRVING, TX 75039**Current Mailing Address:**6535 N. STATE HIGHWAY 161
IRVING, TX 75039 US**FEI Number:** 94-3207296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CARUSO, DOMINIC J
Address 6535 N. STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039

Title DIRECTOR
Name KNAUSS, DONALD
Address 1221 BROADWAY
City-State-Zip: OAKLAND CA 94612

Title DIRECTOR
Name MUELLER, EDWARD A
Address 28102 N 96TH PLACE
1801 CALIFORNIA STREET SUITE
5200
City-State-Zip: SCOTTSDALE AZ 85262

Title DIRECTOR
Name HAMMERGREN, JOHN HARVEY
Address 6535 N. STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039

Title DIRECTOR
Name COLES, N. ANTHONY MD
Address 776 BOYLSTON ST
SUITE W9D
City-State-Zip: BOSTON MA 02119

Title DIRECTOR
Name SALKA, SUSAN
Address 12400 HIGH BLUFF DRIVE
City-State-Zip: SAN DIEGO CA 92130

Title SECRETARY
Name LAU, MICHELE
Address 6535 N. STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039

Title DIRECTOR
Name JACOBS, M. CHRISTINE
Address 50 RUPPORT RD
City-State-Zip: MOULTONBOROUGH NH 03524

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I hereby 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 all other like empowered.

SIGNATURE: MICHELE LAU**SECRETARY****04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KNOWLES, MARIE L
Address 511 ARROYO SQUARE
City-State-Zip: SOUTH PASADENA CA 91030

Title DIRECTOR
Name LERMAN, BRADLEY E
Address 710 MEDTRONIC PARKWAY
City-State-Zip: MINNEAPOLIS MN 55432

Title PRESIDENT
Name TYLER, BRIAN S
Address 6535 N. STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039

Title TREASURER
Name MOORE, BRIAN P
Address 6535 N. STATE HIGHWAY 161
City-State-Zip: IRVING TX 75039