

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **813203** (7)
1. Corporation Name
WALGREEN CO.

Principal Place of Business
**300 WILMOT ROAD
ATTN: TAX DEPT
DEERFIELD IL 60015
US**

Mailing Address
**300 WILMOT ROAD
ATTN: TAX DEPT.
DEERFIELD IL 60015
S**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1958** 3a. Date of Last Report **05/01/1994**
4. FEI Number **36-1924025** Applied For Not Applicable
5. Certificate 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 has liability for intangible tax under S. 199.032 Florida Statutes Yes No

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

*1201 Hays St., Ste 105
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 617, 619 and 607, 35.09 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 617, 619, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **JORNDT, L. D.**
STREET ADDRESS **1038 CAYUGA DRIVE**
CITY - ST - ZIP **NORTHBROOK IL 60062**

TITLE **EVO**
NAME **HUNTER, C. D.**
STREET ADDRESS **1689 S GARDEN ST.**
CITY - ST - ZIP **PALESTINE IL**

TITLE **S**
NAME **LEVIN, J. H. (ASST)**
STREET ADDRESS **300 WILMOT RD**
CITY - ST - ZIP **DEERFIELD IL 60015**

TITLE **D**
NAME **WALGREEN, C R, III**
STREET ADDRESS **P.O. BOX 901 N/A**
CITY - ST - ZIP **DEERFIELD IL 60015**

TITLE **SV**
NAME **BROWN, J.R.**
STREET ADDRESS **1495 LAKE SHORE CT.**
CITY - ST - ZIP **BARRINGTON IL 60010**

TITLE **V**
NAME **BERNAUER, D. W.**
STREET ADDRESS **4 COVERNTY**
CITY - ST - ZIP **LINCOLNSHIRE IL 60069**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

21. TITLE **Sr. V.P. and CFO**
22. NAME **R. L. Polark**
23. STREET ADDRESS **40 5th N. Sunset Ct.**
24. CITY - ST - ZIP **Antioch, IL 60002**

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

700001808587
-05/06/96--01023--024
***200.00

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 alternate sheet with an address.

SIGNATURE: *Jeff H. Levin* **J. H. Levin Asst Sec'y 4-22-96 (847) 317-5433**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed