

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 813203 (7)**

1. Corporation Name  
**WALGREEN CO.**



Principal Place of Business <b>300 WILMOT ROAD                  ATTN: TAX DEPT                  DEERFIELD IL 60015                  US</b>	Mailing Address <b>300 WILMOT ROAD                  ATTN: TAX DEPT.                  DEERFIELD IL 60015-4614                  S</b>
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2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>11/21/1958</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-1924025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>JORNDT, L. D.</b>
STREET ADDRESS	<b>1038 CAYUGA DRIVE</b>
CITY-ST-ZIP	<b>NORTHBROOK IL 60062</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>POLARK, R. L.</b>
STREET ADDRESS	<b>40511 N SUNSET CT</b>
CITY-ST-ZIP	<b>ANTIOCH IL 60002</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>LEVIN, J. H. (ASST)</b>
STREET ADDRESS	<b>300 WILMOT RD</b>
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WALGREEN, C R, III</b>
STREET ADDRESS	<b>P.O. BOX 901 N/A</b>
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>
TITLE	<b>SV</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, J.R.</b>
STREET ADDRESS	<b>1495 LAKE SHORE CT.</b>
CITY-ST-ZIP	<b>BARRINGTON IL 60010</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BERNAUER, D. W.</b>
STREET ADDRESS	<b>4 COVERNTY</b>
CITY-ST-ZIP	<b>LINCOLNSHIRE IL 60069</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Nancy S. Godfrey* **W. GODFREY** 4/29/97  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ASST. SECRETY** Date Daytime Phone #

CR2E034 (9/96)