

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 11/21/1958	4. FEI Number 36-1924025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

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	EXECUTIVE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRUNNER, V.A.
4.3 STREET ADDRESS	245 MAPLE COURT
4.4 CITY-ST-ZIP	LAKE FOREST, ILLINOIS 60045
5.1 TITLE	SR. VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUBINO, J.A.
5.3 STREET ADDRESS	515 MAYFAIR
5.4 CITY-ST-ZIP	NAPERVILLE, ILLINOIS 60565
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 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: **JOEL H. LEVIN, ASSISTANT SECRETARY** *Joel H. Levin* 4/24/98

CR2E034 (10/97)