

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90221 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 813203**  
 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                  S</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>11/21/1958</b>	Applied For Not Applicable
4. FEI Number <b>36-1924025</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUNNER, V.A.</b>	
STREET ADDRESS	<b>245 MAPLE CT</b>	
CITY-ST-ZIP	<b>LAKE FOREST IL 60045</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBINO, J.A.</b>	
STREET ADDRESS	<b>515 MAYFAIR</b>	
CITY-ST-ZIP	<b>NAPERVILLE IL 60565</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNAUER, D. W.</b>	
STREET ADDRESS	<b>4 COVERNTRY</b>	
CITY-ST-ZIP	<b>LINCOLNSHIRE IL 60069</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chief Executive Officer</b>	<input checked="" 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	<b>Asst.- Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kellen, M.E.</b>	
3.3 STREET ADDRESS	<b>845 Wagner Road</b>	
3.4 CITY-ST-ZIP	<b>Glenview, IL. 60025</b>	
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	<b>President</b>	<input checked="" 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, with all other like empowered.

SIGNATURE: MARGARITA KEOLURED 4/26/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)