

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90399 029 ***150.00

DOCUMENT # 813203

1. Entity Name

WALGREEN CO.

Principal Place of Business

Mailing Address

**300 WILMOT ROAD
 ATTN: TAX DEPT
 DEERFIELD IL 60015
 US**

**300 WILMOT ROAD
 ATTN: TAX DEPT.
 DEERFIELD IL 60015-4614
 S**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-1924025**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<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	AS	<input type="checkbox"/> Delete
NAME	LEVIN, J. H. (ASST)	
STREET ADDRESS	300 WILMOT RD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BRUNNER, V.A.	
STREET ADDRESS	245 MAPLE CT	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	RUBINO, J.A.	
STREET ADDRESS	515 MAYFAIR	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERNAUER, D. W.	
STREET ADDRESS	4 COVERNTY	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Senior Vice President / CFO</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Assistant Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>m.E. Kellen</i>	
STREET ADDRESS	<i>300 Wilmot Road</i>	
CITY-ST-ZIP	<i>Deerfield IL 60015</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Kellen* **MARGARET KELLEN** *m.E. Kellen, Asst. Secretary* **4/20/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)