

2001 UNIFORM BUSINESS REPORT (UBR)

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
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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
JORNDT, L. D.
1038 CAYUGA DRIVE
NORTHBROOK IL 60062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVC
POLARK, R. L.
40511 N SUNSET CT
ANTIOCH IL 60002 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Secretary
Kellen, Margarita E
300 Wilmot Road
Deerfield IL 60015 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
BRUNNER, V.A.
245 MAPLE CT
LAKE FOREST IL 60045 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Vice President
Rein, J.A.
200 Wilmot Road
Deerfield IL 60015 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
RUBINO, J.A.
515 MAYFAIR
NAPERVILLE IL 60565 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Vice President
Martin, J.B.
200 Wilmot Road
Deerfield IL 60015 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BERNAUER, D. W.
4 COVERNTRY
LINCOLNSHIRE IL 60069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

m.E. Kellen, Asst. Secretary 4/10/01

Date

Daytime Phone #

949960



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)