2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # 813203 1. Entity Name WALGREEN CO.						05-03-2004 91042 047 ***150.00					
Principal Place of Business 300 WILMOT ROAD ATTN: TAX DEPT DEERFIELD, IL 60015 US Mailing Address 300 WILMOT ROAD 300 W					.5114 	soleVirida Tal liki ili	.: 534 4444 1444 1444 1444 1444 1444				
2. Principal Place of Business					iai vid		1 	210 11 2111 11 211011 2			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04162004	Chg-P	CR2E034	(10/03)		
City & State	<u> </u>	City & State				4. FEI Numbe 36-1924			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Coun	Country		5. Certificate	of Status Desired		3.75 Add e Required		
	6. Name and Address of Current F	Registered Agent		T	-	7. Name and	Address of New Re	egistered Age	int -		
				Name	Name						
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32301											
				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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								·			
10.	OFFICERS AND I	DIRECTORS	11.		,	ADDITIONS/	CHANGES TO OFFI	CERS AND D	RECTORS	IN 11	
TITLE	CCEO	☐ Defete	TITL		•	i .] Change	☐ Addition	
NAME	BERNAUER, DAVID W	•	NAM	_							
STREET ADDRESS CITY-ST-ZIP	200 WILMOT RD. DEERFIELD, IL 60015		1	et address •St-Zip	,	•					
	SVC	₩	TITLE		SR V	P/CFO	· · · · · · · · · · · · · · · · · · ·		7 Change	X Addition	
TITLE NAME	SVC X Delete IT					KR. VP/CFO ☐ Change ☑ Addition VILLIAM M. RUDOLPHSEN					
STREET ADDRESS				ET ADDRESS	200 WILMOT ROAD					ĺ	
CITY-ST-ZIP	ANTIOCH, IL 60002		CITY	-ST-ZIP	DEER	FIELD, IL	60015				
·TITLE	AS	☐ Delete	TITLE			•			Change	Addition	
NAME	KELLEN, MARGARITA E		NAM						• -	Į	
STREET ADDRESS CITY-ST-ZIP	300 WILMOT RD DEERFIELD, IL 60015			et address -st-zip							
TITLE	EVP	☐ Delete	TITLE						Change	☐ Addition	
NAME	KARLIN, JERRY B	. La Delete	NAM					_	_ commission		
STREET ADDRESS	200 WILMOT RD		STRE	ET ADORESS							
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY	-ST-ZIP							
TITLE	svps	☐ Delete	TITLE					· . [Change	Addition	
NAME Street Address	OETTINGER, JULIAN A 200 WILMOT RD		NAM	et address							
CITY-ST-ZIP	DEERFIELD, IL 60015	•	1	·ST-ZIP							
TITLE	PC00	☐ Delete	TITLE						Change	☐ Addition	
NAME	REIN, JEFFREY A	— - 	NAM	Ε	,			,	-	ì	
STREET ADDRESS	200 WILMOT RD.			ET ADDRESS							
CITY-ST-ZIP DEERFIELD, IL 60015							n Fields Pres 1	from the second	. 45 45 1		
12. I hereby	12. 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 out; that I am an officer or director.										

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Margaruta Kellemargarita E. KELLEN, ASST. SECRETARY 04/19/04 847-914-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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