

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90146 027 ***150.00

DOCUMENT # 840119

1. Corporation Name

MCKESSON WATER PRODUCTS COMPANY

Principal Place of Business

%MCKESSON CORP
ONE POST ST., 29TH FLOOR
SAN FRANCISCO CA 94104
US

Mailing Address

%MCKESSON CORP
ONE POST ST., 29TH FLOOR
SAN FRANCISCO CA 94104
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1978

4. FEI Number

95-1246810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing:
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Mckesson HBOC
Attn: Glenette E. Babb
Suite, Apt. #, etc.

2a. Mailing Address Mckesson HBOC

26 Attn: Glenette E. Babb
Suite, Apt. #, etc.

22 One Post St., 29th Fl.

27 One Post St., 29th Fl.

City & State

23 San Francisco, CA

City & State

28 San Francisco, CA

Zip

24 94104

Country

25 U.S.A.

Zip

29 94104

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

THE 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 PD ☐ DELETE

NAME NORRIS, CHARLES A
STREET ADDRESS 3280 E FOOTHILL STE 400
CITY-ST-ZIP PASADENA CA

TITLE VSD ☒ DELETE

NAME MILLER, NANCY A
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO, CA 00000

TITLE VPMS ☐ DELETE

NAME LAMONT, GARY
STREET ADDRESS 3280 E FOOTHILL BLVD #400
CITY-ST-ZIP PASADENA CA

TITLE AS ☒ DELETE

NAME PEETZ, LORRAINE E
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO, CA 00000

TITLE T ☒ DELETE

NAME PEARCE, ALAN
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO, CA 00000

TITLE VPCF ☐ DELETE

NAME PYGIN, CYNTHIA
STREET ADDRESS 3280 E FOOTHILL, STE 400
CITY-ST-ZIP PASADENA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Kristina Veaco

2.3 STREET ADDRESS One Post St.

2.4 CITY-ST-ZIP San Francisco, CA 94104

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Glenette E. Babb

4.3 STREET ADDRESS One Post St.

4.4 CITY-ST-ZIP San Francisco, CA 94104

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Nicholas A. Loiacono

5.3 STREET ADDRESS One Post St.

5.4 CITY-ST-ZIP San Francisco, CA 94104

6.1 TITLE ☐ Change ☐ 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: Glenette E. Babb, Asst. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

(415) 983-8331

Daytime Phone #

CR2E034 (1/98)