


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 842413 1. Entity Name MEDLINE INDUSTRIES, INC.	
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Principal Place of Business ONE MEDLINE PLACE MUNDELEIN, IL 60060-4486	Mailing Address ONE MEDLINE PLACE MUNDELEIN, IL 60060-4486
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2596612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, JON ONE MEDLINE PLACE MUNDELEIN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILLS, JAMES ONE MEDLINE PLACE MUNDELEIN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ABINGTON, WILLIAM ONE MEDLINE PLACE MUNDELEIN, IL 60060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES D. ABRAMS ONE MEDLINE PLACE MUNDELEIN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEE, RICHARD ONE MEDLINE PLACE MUNDELEIN, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, CHARLES N. ONE MEDLINE PLACE MUNDELEIN, IL

**DO NOT WRITE
IN THIS SPACE**

U00000705879
04/24/07-80011-009-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard Lee 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #