

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842413

FILED
Apr 15, 2009
Secretary of State

Entity Name: MEDLINE INDUSTRIES, INC.

Current Principal Place of Business:

ONE MEDLINE PLACE
MUNDELEIN, IL 600604486

New Principal Place of Business:

Current Mailing Address:

ONE MEDLINE PLACE
MUNDELEIN, IL 600604486

New Mailing Address:

FEI Number: 36-2596612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLS, JON
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: C () Delete
Name: MILLS, JAMES
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: CFO () Delete
Name: ABINGTON, WILLIAM
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL 60060

Title: S () Delete
Name: JAMES D. ABRAMS
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: C () Delete
Name: LEE, RICHARD
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: VD () Delete
Name: MILLS, CHARLES N.
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLS, JONATHAN M
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: C (X) Change () Addition
Name: MILLS, JAMES S
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: CFO (X) Change () Addition
Name: ABINGTON, WILLIAM K
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL 60060

Title: S (X) Change () Addition
Name: ABRAMS, JAMES D
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: C (X) Change () Addition
Name: LEE, RICHARD H
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

Title: VD (X) Change () Addition
Name: MILLS, CHARLES N
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD H. LEE

C

04/15/2009

Electronic Signature of Signing Officer or Director

Date