2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 845501

Entity Name: MCKESSON MEDICAL-SURGICAL INC.

FILED Feb 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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8741 LANDMARK RD 8741 LANDMARK RD RICHMOND, VA 23228 RICHMOND, VA 232617452

Current Mailing Address: New Mailing Address:

ATTN: GLENETTE E BABB ONE POST STREET ONE POST STREET STE 2950 ATTN : GLENETTE E. BABB SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 US

FEI Number: 94-2640465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC. THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET 1201 HAYS STREET

TALLAHASSEE, FL 32301 US SUITE 105 TALLAHASSEE, FL 32301 US

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: 02/01/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name and Address of New Registered Agent:

Title: DVD () Delete Title: **EVD** (X) Change () Addition JULIAN, PAUL C. JULIAN, PAUL C Name: Name:

ONE POST STREET ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip:

SAN FRANCISCO, CA 94104 US

Title: (X) Change () Addition Title: () Delete Name: SWAN, KEVIN M Name: DIRKSMEIER, FRANCIS X 8741 LANDMARK ROAD 8741 LANDMARK ROAD Address: Address: RICHMOND, VA 23228 RICHMOND, VA 23228 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: **EVD** () Delete **EVD**

HAMMERGREN, JOHN H HAMMERGREN, JOHN H Name: Name:

ONE POST STREET ONE POST STREET Address: Address:

City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: **DVPS** () Delete Title: VSD (X) Change () Addition VEACO, KRISTINA VEACO, KRISTINA Name: Name:

Address: ONE POST STREET Address: ONE POST STREET

City-St-Zip: City-St-Zip: SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 US

Title: Title: () Delete () Change () Addition

LOIACONO, NICHOLAS A Name: Name: ONE POST STREET Address: Address: SAN FRANCISCO, CA 94104 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

BABB, GLENETTE E Name: Name: ONE POST STREET Address: Address: City-St-Zip: SAN FRANCISCO, CA 94104 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENETTE E BABB AS 02/01/2002