

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845501

FILED
Mar 07, 2011
Secretary of State

Entity Name: MCKESSON MEDICAL-SURGICAL INC.

Current Principal Place of Business:

8741 LANDMARK RD
RICHMOND, VA 23228

New Principal Place of Business:

8741 LANDMARK RD
RICHMOND, VA 23228 22

Current Mailing Address:

ONE POST ST, 35TH FLOOR
ATTN: KAREN PINEDA
SAN FRANCISCO, CA 94104 US

New Mailing Address:

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.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: EVPD
Name: JULIAN, PAUL C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: P
Name: TYLER, BRIAN S
Address: 8741 LANDMARK ROAD
City-St-Zip: RICHMOND, VA 23228 US

Title: EVPD
Name: HAMMERGREN, JOHN H
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: VSD
Name: BOGAN, WILLIE C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: VPT
Name: LOIACONO, NICHOLAS A
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104 22

Title: AS
Name: PINEDA, KAREN M
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104 22

I hereby 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 all other like empowered.

SIGNATURE: KAREN M. PINEDA

AS

03/07/2011

Electronic Signature of Signing Officer or Director

Date