

TO:

Registration Section

Division of Corporations SUBJECT: iMcKesson Holding Company (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Glenette E. Babb (Name of Person) McKesson HBOC, Inc (Firm/Company) One Post Street, Suite 2950 (Address) San Francisco, CA 94104-5296 (City/State and Zip code) 800003497938 -12/12/00--01112--002 For further information concerning this matter, please call: ******78.75 *****78.75 Glenette E. Babb 415)983-8331 at (_ (Area Code & Daytime Telephone Number) (Name of Person) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399 Enclosed is a check for the following amount: ☐ \$87.50 Filing Fee, □ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & **☒** \$78.75 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	iMcKesson Holding Company				
	words or abbre	oration; must include the word "INCORPOR viations of like import in language as will cle or partnership if not so contained in the name	arl	y indicate that it is a corporation instead of a	
2.	State of D	elaware	3.	94-3374636 (FEI number if applicable)	
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)	
4.	September 15, 2000		5.	Perpetual	
		te of incorporation)	٠.	(Duration: Year corp. will cease to exist or "perpetual")	
6.	upon quali	fication			
	(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.1)	501	transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)	
7.	One Post Street, Suite 2950, San Francisco, CA 94104-5296				
	(Principal office address)				
	Same as Ab	ove			
8.	management		sul	ress) sidiary companies that provide medical sage costs and outcomes of medical care.	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)				
9.	Name and st	reet address of Florida registered ager	et:	(P.O. Box or Mail Drop Box NOT acceptable)	
	Name:	The Prentice-Hall Corporation	S	ystem, Inc.	
Oi	ffice Address:	1201 Hays Street			
		Tallahassee		, Florida 32301	
		(City)		(Zip code)	
10	Dogistov-3	agant?a agantanaa			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

The Prentice-Hall Corporation System Inc.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: See attached officers/directors rider Address: _____ Vice Chairman: Address: Director: __ Address: Address: **B. OFFICERS** President: See attached officers/directors rider Address: Vice President: Address: Secretary: ___ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Glenette E. Babb, Assistant Secretary

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

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IMCKESSON HOLDING COMPANY

Officers and Directors

Name	and little

David L. Mahoney

Chief Executive Officer, President and Director

James P. Bradley Vice President

Arthur Chong

Vice President and Director

William J. Dawson

Vice President and Director

John R. Hughes Vice President

Nicholas A. Loiacono Vice President and Treasurer

Kathleen Zirker-Smith Vice President

Kristina Veaco

Vice President and Secretary

Glenette E. Babb Assistant Secretary

Michael L. Harris Assistant Secretary

Andrew G. Katzer Assistant Secretary

Jaclyn L. Larson Assistant Secretary

Nina A. Steinman Assistant Secretary

Mailing Address

iMcKesson LLC One Post Street

San Francisco, CA 94104

iMcKesson LLC

Riverview Office Tower

Suite 600

8009 34th Ave. South Bloomington, MN 55425

McKesson HBOC, Inc.

One Post Street

San Francisco, CA 94104

iMcKesson LLC One Post Street

San Francisco, CA 94104

iMcKesson LLC

5995 Windward Parkway Alpharetta, GA 30005

Alpharetta, GA 30003

McKesson HBOC, Inc.

One Post Street

San Francisco, CA 94104

iMcKesson LLC

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State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IMCKESSON HOLDING COMPANY" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF

NOVEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0808637

DATE: 11-22-00

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