

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90273 012 ***150.00

DOCUMENT # F93000005016

1. Entity Name
MAINE SURGICAL SUPPLY CO.

Principal Place of Business
% MCKESSON HBOC, INC.
ATTN: GLENETTE E. BABB ONE POST STREET
SAN FRANCISCO CA 94104

Mailing Address
% MCKESSON HBOC, INC.
ATTN: GLENETTE E. BABB ONE POST STREET
SAN FRANCISCO CA 94104

818639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0346940** Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PAUL, JULIAN 8741 LANDMARK RICHMOND VA 23261	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORST, THOMAS M 5 JORDAN FRM RD CAPE ELIZABETH ME 04107	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VEACO, KRISTINA ONE POST ST SAN FRANCISCO CA 94104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LOIACONO, NICHOLAS ONE POST ST SAN FRANCISCO CA 94104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D Julian, Paul C. One Post Street San Francisco, CA 94104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Swan, Kevin M. 8741 Landmark Road Richmond, VA 23228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Frey, J. Richard 8741 Landmark Road Richmond, VA 23228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Goode, Timothy P. 600 County Road Westbrook, ME 04092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHMENT FOR ADDITIONAL OFFICERS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenette E. Babb , 2001 (415) 983-8331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Mckesson HBOC, Inc.
One Post Street
San Francisco, CA 94104-5296

DOC# F93000005016
stamp # 818639



Glenette E. Babb
Assistant Secretary
Direct Tel 415-983-8331

March 26, 2001

Secretary of State
Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Maine Surgical Supply Co., a Maine corporation

Dear Secretary:

I enclose herewith the duly executed 2001 Uniform Business Report in respect of the above-named corporation, and a check in the amount of \$150.00 for the required filing fee.

Very truly yours,

A handwritten signature in black ink, appearing to read "Glenette E. Babb".

Glenette E. Babb
Assistant Secretary

GEB:mw

Enclosures

Doc# F9300005016
Stamp# 818639

MAINE SURGICAL SUPPLY CO.

Officers and Directors

<u>Name and Title</u>	<u>Business Address</u>
Kevin M. Swan Chairman of the Board and Director	McKesson General Medical Corp. 8741 Landmark Road Richmond, VA 23261
Paul C. Julian Executive Vice President and Director	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
J. Richard Frey, Jr. Chief Executive Officer	McKesson General Medical Corp. 8741 Landmark Road Richmond, VA 23261
Nicholas A. Loiacono Vice President, Treasurer and Director	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Kristina Veaco Vice President, Secretary and Director	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Daniel Neuwirth Senior Vice President Operations	McKesson General Medical Corp. 8741 Landmark Road Richmond, VA 23261
Timothy P. Goode Vice President General Manager Atlantic Healthcare	Maine Surgical Supply Co. 600 County Road Westbrook, ME 04092
Glenette E. Babb Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
L. Scott Bardowell Assistant Secretary	McKesson General Medical Corp. 8741 Landmark Road Richmond, VA 23261
Ronald Y. Chin Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104
Michael L. Harris Assistant Secretary	McKesson HBOC, Inc. One Post Street San Francisco, CA 94104

[Continued on page 2]