

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005016

FILED  
Mar 23, 2005  
Secretary of State

Entity Name: MCKESSON MEDICAL-SURGICAL MAINE INC.

## Current Principal Place of Business:

600 COUNTY ROAD  
WESTBROOK, ME 04092 US

## New Principal Place of Business:

## Current Mailing Address:

ATTN: GLENETTE E BABB  
ONE POST STREET - 33RD FLOOR  
SAN FRANCISCO, CA 94104 US

## New Mailing Address:

FEI Number: 01-0346940      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: CD ( ) Delete  
Name: MUENSTERMAN, GARY W  
Address: 8741 LANDMARK ROAD  
City-St-Zip: RICHMOND, VA 23228 US

Title: VSD ( ) Delete  
Name: VEACO, KRISTINA  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: VTD ( ) Delete  
Name: LOIACONO, NICHOLAS  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: P ( ) Delete  
Name: KEELER, GARY H  
Address: 8741 LANDMARK ROAD  
City-St-Zip: RICHMOND, VA 23228 US

Title: AS ( ) Delete  
Name: BABB, GLENETTE E  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

03/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date