

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000005700 (0)**

1. Corporation Name  
**WALGREEN OSHKOSH, INC.**

Principal Place of Business Mailing Address  
**300 WILMONT RD.  
DEERFIELD IL 60015** **300 WILMONT RD.  
DEERFIELD IL 60015**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	12/15/1993	05/01/1994/5
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. Zip	36-3026249	
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0932 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statute.

SIGNATURE

Signature of the person who will be acting as the registered agent

Name, Title and Address of the person who is signing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, JOHN R</b>	1. NAME	
STREET ADDRESS	<b>11495 LAKE SHORES CT.</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>BARRINGTON IL 60010</b>	14. CITY-ST-ZIP	
TITLE	<b>V</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEDMAN, THOMAS</b>	2. NAME	
STREET ADDRESS	<b>25 ASHBURY LANE</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>BARRINGTON HILLS IL 60010</b>	24. CITY-ST-ZIP	
TITLE	<b>S</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, EDWARD H</b>	3. NAME	
STREET ADDRESS	<b>350 TAYLOR COURT</b>	33. STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	34. CITY-ST-ZIP	
TITLE	<b>T</b>	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIN, JOEL H</b>	4. NAME	
STREET ADDRESS	<b>1030 SUNSENT COURT</b>	43. STREET ADDRESS	<b>500001808585</b>
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	44. CITY-ST-ZIP	<b>-05/06/96--01023--023</b>
TITLE	<b>D</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OETTINGER, JULIAN A</b>	5. NAME	<b>***200.00</b>
STREET ADDRESS	<b>200 WILMOT RD.</b>	53. STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL 60015</b>	54. CITY-ST-ZIP	
TITLE	<b>D</b>	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RESNICK, ALLAN M</b>	6. NAME	
STREET ADDRESS	<b>1822 SMITH ROAD</b>	63. STREET ADDRESS	
CITY-ST-ZIP	<b>NORTHBROOK IL 60062</b>	64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached card with an address.

SIGNATURE:

*Joel H. Levin*

J.H. Levin Treasurer

4-22-96

(847) 317-5433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Filing

Signature/Printed Name