

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005700 (0)**  
 1. Corporation Name  
**WALGREEN OSHKOSH, INC.**



Principal Place of Business <b>300 WILMONT RD. DEERFIELD IL 60015</b>	Mailing Address <b>300 WILMONT RD. DEERFIELD IL 60015-4614</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/15/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>36-3026249</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, JOHN R</b>
STREET ADDRESS	<b>11495 LAKE SHORES CT.</b>
CITY - ST - ZIP	<b>BARRINGTON IL 60010</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>STEDMAN, THOMAS</b>
STREET ADDRESS	<b>25 ASHBURY LANE</b>
CITY - ST - ZIP	<b>BARRINGTON HILLS IL 60010</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>KING, EDWARD H</b>
STREET ADDRESS	<b>350 TAYLOR COURT</b>
CITY - ST - ZIP	<b>DEERFIELD IL 60015</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LEVIN, JOEL H</b>
STREET ADDRESS	<b>1030 SUNSENT COURT</b>
CITY - ST - ZIP	<b>DEERFIELD IL 60015</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>OETTINGER, JULIAN A</b>
STREET ADDRESS	<b>200 WILMOT RD.</b>
CITY - ST - ZIP	<b>DEERFIELD IL 60015</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RESNICK, ALLAN M</b>
STREET ADDRESS	<b>1822 SMITH ROAD</b>
CITY - ST - ZIP	<b>NORTHBROOK IL 60062</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 the receiver 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 attachment with an address.

SIGNATURE: *E.H. King* **E.H. KING** **4/28/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**SECRETARY**

CR2E034 (9/96)