

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005700 (0)
 1. Corporation Name
WALGREEN OSHKOSH, INC.



Principal Place of Business 300 WILMONT RD. DEERFIELD IL 60015	Mailing Address 300 WILMONT RD. DEERFIELD IL 60015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1993	
21	22	26	27	4. FEI Number 36-3026249	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			

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	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHN R	1.2 NAME	POLARK, ROGER L.
STREET ADDRESS	11495 LAKE SHORES CT.	1.3 STREET ADDRESS	40511 N. SUNSET COURT
CITY-ST-ZIP	BARRINGTON IL 60010	1.4 CITY-ST-ZIP	ANTIOCH, ILLINOIS 60002
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEDMAN, THOMAS	2.2 NAME	
STREET ADDRESS	25 ASHBURY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON HILLS IL 60010	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, EDWARD H	3.2 NAME	
STREET ADDRESS	350 TAYLOR COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, JOEL H	4.2 NAME	
STREET ADDRESS	1030 SUNSET COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OETTINGER, JULIAN A	5.2 NAME	
STREET ADDRESS	200 WILMOT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, ALLAN M	6.2 NAME	
STREET ADDRESS	1822 SMITH ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	6.4 CITY-ST-ZIP	

14. 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 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 **JOEL H. LEVIN, TREASURER** *Joel H. Levin* 4/26/98

CR2E034 (10/97)