2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003972

Entity Name: MCKESSON SPECIALTY ARIZONA INC.

FILED Mar 23, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
9700 N. 91ST STREET SUITE 232 SCOTTSDALE, AZ 852585036 US				4343 NORTH SCOTTSDALE ROAD SUITE 150 SCOTTSDALE, AZ 852513221 US		
Current Mailing Address:				New Mailing Address:		
ATTN: GLENETTE E BABB ONE POST STREET, 33RD FLOOR SAN FRANCISCO, CA 94104 US						
FEI Number: 94-3205587 FEI Number Applied For () FEI Num				mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301 US						
The above in the State	named entity subn of Florida.	nits this statement for the pu	rpose o	f changing it	ts registered	d office or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent						Date
Election Can	npaign Financing Tru	st Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () Dele JULIAN, PAUL C ONE POST STREET SAN FRANCISCO, C			Title: Name: Address: City-St-Zip:	D JULIAN, PAU ONE POSTS SAN FRANC	
Title: Name: Address: City-St-Zip:	AS () Dele BABB, GLENETTE E ONE POST STREET SAN FRANCISCO, C			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VSD () Dele VEACO, KRISTINA ONE POST STREET SAN FRANCISCO, C			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VTD () Dele LOIACONO, NICHOL ONE POST STREET SAN FRANCISCO, C	AS A		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	V () Dele O'NEILL, WILLIAM F ONE POST STREET SAN FRANCISCO, C	,		Title: Name: Address: City-St-Zip:		(X) Change () Addition AN H SCOTTSDALE ROAD LE, AZ 85251 US
Title: Name:	AS () Dele SHUFORD, ANNE J			Title: Name:		() Change () Addition

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.

City-St-Zip:

SIGNATURE: GLENETTE E BABB AS 03/23/2005

City-St-Zip: SAN FRANCISCO, CA 94104 US