

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000000707 1. Entity Name WALGREENS HEALTH INITIATIVES, INC.	
--	---

Principal Place of Business 104 WILMOT RD. DEERFIELD, IL 60015	Mailing Address 140 WILMOT ROAD, MS #1435 ATTN: TAX DEPARTMENT DEERFIELD, IL 60015
---	--



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4049815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSON, GREGORY D 1417 LAKE COOK RD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANS, R. J. 200 WILMOT RD. DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZIMMERMAN, R.G 1417 LAKE COOK ROAD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEN, M.E. 104 WILMOT RD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REIN, JEFFREY A 200 WILMOT ROAD DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODFREY, NANCY J 104 WILMOT RD DEERFIELD, IL 60015

U00000621144
 02/12/07-80005-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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 10 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margarita E. Kellen* MARGARITA E. KELLEN 1/9/07 (847)
 TRESURER Date Day