

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000707

FILED
Apr 27, 2009
Secretary of State

Entity Name: WALGREENS HEALTH INITIATIVES, INC.

Current Principal Place of Business:

104 WILMOT RD.
DEERFIELD, IL 60015

New Principal Place of Business:

104 WILMOT RD.
MS# 1435
DEERFIELD, IL 60015

Current Mailing Address:

140 WILMOT ROAD, MS #1435
ATTN: TAX DEPARTMENT
DEERFIELD, IL 60015

New Mailing Address:

104 WILMOT RD.
MS# 1435
DEERFIELD, IL 60015

FEI Number: 36-4049815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLAYLOCK, STANLEY B
Address: 1411 LAKE COOK ROAD, 4N
City-St-Zip: DEERFIELD, IL 60015

Title: V () Delete
Name: HANS, R. J.
Address: 200 WILMOT RD.
City-St-Zip: DEERFIELD, IL 60015

Title: VSD () Delete
Name: ASHWORTH, R. M
Address: 1411 LAKE COOK ROAD, 4N
City-St-Zip: DEERFIELD, IL 60015

Title: T () Delete
Name: KELLEN, M.E.
Address: 104 WILMOT RD
City-St-Zip: DEERFIELD, IL 60015

Title: VD () Delete
Name: WASSON, GREGORY D
Address: 200 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

Title: V () Delete
Name: GODFREY, NANCY J
Address: 104 WILMOT RD
City-St-Zip: DEERFIELD, IL 60015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MARGARITA KELLEN

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date