## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000000707

Entity Name: WALGREENS HEALTH INITIATIVES, INC.

FILED Apr 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

300 WILMOT ROAD MS #3301 DEERFIELD, IL 60015

Current Mailing Address: New Mailing Address:

300 WILMOT ROAD MS #3301 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: Name and Address of New Registered Agent:

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

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

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: HAL, ROSENBLUTH F

Address: 161 WASHINGTON ST STE 1400 City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VP

Name: NAMETH, M.

Address: 500 NOBLESTOWN RD STE 200

City-St-Zip: CARNEGIE, PA 15106

Title: SEC

Name: SILVERMAN, R. M Address: 104 WILMOT ROAD City-St-Zip: DEERFIELD, IL 60015

Title: VP

Name: MANN, JOHN A
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

 Title:
 TRE

 Name:
 R., HANS J

 Address:
 200 WILMOT ROAD

 City-St-Zip:
 DEERFIELD, IL 60015

Title: AT

Name: FELISH, MICHAEL
Address: 300 WILMOT ROAD
City-St-Zip: DEERFIELD, IL 60015

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL FELISH AT 04/25/2011