

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000707

FILED
Apr 25, 2011
Secretary of State

Entity Name: WALGREENS HEALTH INITIATIVES, INC.

Current Principal Place of Business:

300 WILMOT ROAD
MS #3301
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

300 WILMOT ROAD
MS #3301
DEERFIELD, IL 60015

New Mailing Address:

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

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

_____ Electronic Signature of Signing Officer or Director

_____ Date