

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003198

1. Corporation Name

MCKESSON TRADING COMPANY

Principal Place of Business

MCKESSON CORP/ATTN: LORRAINE E. PEETZ
ONE POST STREET, 29TH FLOOR
SAN FRANCISCO CA 94104

Mailing Address

MCKESSON CORP/ATTN: LORRAINE E. PEETZ
ONE POST STREET, 29TH FLOOR
SAN FRANCISCO CA 94104

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90146 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

94-3234184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

McKesson HBOC, Inc.
Attn: Glenette E. Babb
Suite, Apt. #, etc.

2a. Mailing Address McKesson HBOC

Attn: Glenette E. Babb
Suite, Apt. #, etc.

22 One Post St., 29th Fl.

27 One Post St., 29th Fl.

City & State

City & State

23 San Francisco, CA

28 San Francisco, CA

Zip Country

Zip Country

24 94104 25 U.S.A.

29 94104 30 U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME VESEY, JANET L
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☒ DELETE

TITLE VSD
NAME MILLER, NANCY A
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☒ DELETE

TITLE VD
NAME PERKINS, J R
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ DELETE

TITLE T
NAME PEARCE, ALAN M
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☒ DELETE

TITLE TAS
NAME PEETZ, LORRAINE E
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☒ DELETE

TITLE AS
NAME HARRIS, MICHAEL L
STREET ADDRESS ONE POST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94104 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Controller ☒ Change ☐ Addition
1.2 NAME Michael J. Palu
1.3 STREET ADDRESS One Post St.
1.4 CITY-ST-ZIP San Francisco, CA 94104

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME Kristina Veaco
2.3 STREET ADDRESS One Post St.
2.4 CITY-ST-ZIP San Francisco, CA 94104

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T V ☒ Change ☐ Addition
4.2 NAME Nicholas A. Loiacono
4.3 STREET ADDRESS One Post St.
4.4 CITY-ST-ZIP San Francisco, CA 94104

5.1 TITLE AS ☒ Change ☐ Addition
5.2 NAME Glenette E. Babb
5.3 STREET ADDRESS One Post St.
5.4 CITY-ST-ZIP San Francisco, CA 94104

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Glenette E. Babb, Asst. Secretary

4-14-99

(415) 983-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)