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

**CORPORATION** ANNUAL REPORT

**`1997** 



FLORIDA DEPARTMENT OF STATE

FILED

Jun 13 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006325 (2)

MCKESSON CORPORATE PROPERTIES. INC.

SAN FRANCISCO CA

CITY-ST-ZIP

Principal Place of Business Mailing Address C/O MCATTN: LORRAINE E. PEETZ C/O MOATTN: LORRAINE E. PEETZ ONE POST STREET, 29TH FL ONE POST STREET, 29TH FL SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104-5203 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1996 Principal Place of Business 2a, Mailing Address 2. 4. FEI Number Applied For 26 95-3560741 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. Change DELETE 1.1 DILLE Addition TITLE HAWKINS, RICHARD H NAME 1.2 NAME STREET ADDRESS ONE POST STREET 1.3 STREET ADDRESS SAN FRANCISCO CA 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MILLER, NANCY A NAME 2.2 NAME STREET ADORESS ONE POST STREET 2.3 STREET ADDRESS SAN FRANCISCO CA CITY-ST-ZIP 2 4 CITY - \$1 - ZIP Addition DELETE Change TITLE 3.1 TITLE NAME yodowitz, heidi e 3.2 NAME ONE POST STREET STREET ADDRESS 3.3 STREET ADDRESS SAN FRANCISCO CA CITY-ST-ZIP 3.4 CITY-\$1-ZIP DELETE Addition TITLE 417/1E NAME D'ALESSIO, JON W 4. 2 NAME ONE POST STREET 4.3 STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Assistant Secretary X Addition TET) F 513016 HARRIS, MICHAEL L Peetz, Lorraine E. NAME 5.2 NAME ONE POST STREET 5.3 STREET ADDRESS One Post Street STREET ADDRESS SAN FRANCISCO CA San Francisco, CA 94104 CITY-ST-ZIP 5.4 CITY - ST - 7(P DELFTE 6.1 11116 Change Addition 500002198945 NAME IAPICCA, DANA T 6.2 NAME -06/03/97--01006--009 ONE POST STREET STREET ADDRESS 6.3 STREET ADDRESS

14. Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3). 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 old ress. Arral 15, 1991

\*\*\*495.00