2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003785

Entity Name: PER-SE TRANSACTION SERVICES, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5995 WINDWARK PARKWAY ALPHARETTA, GA 30005

Current Mailing Address: New Mailing Address:

C/O MCKESSON CORPORATION
ONE POST STREET
SAN FRANCISCO, CA 94104

C/O MCKESSON CORPORATION
ONE POST STREET, ATTN: MELISSA WU
SAN FRANCISCO, CA 94104

FEI Number: 34-1307662 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 TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition Name: MASON, DAVID F Name: PURE, PAMELA J

Address: 1145 SANCTUARY PKWY STE 200 Address: 5995 WINDWARD PARKWAY
City-St-Zip: ALPHARETTA, GA 30004 City-St-Zip: ALPHARETTA, GA 30005

Title: EVP () Delete Title: DVPS (X) Change () Addition Name: PERKINS, CHRIS E CFO Name: BOGAN, WILLIE C

Address: 1145 SANCTUARY PKWY STE 200 Address: ONE POST STREET

City-St-Zip: ALPAHRETTA, GA 30004 City-St-Zip: SAN FRANCISCO, CA 94104

Title: S () Delete Title: DVPT (X) Change () Addition
Name: QUINER, PAUL J Name: LOIACONO, NICHOLAS A

 Name:
 QUINER, PAUL J
 Name:
 LOIACONO, NICHOLAS A

 Address:
 1145 SANCTUARY PKWY STE 200
 Address:
 ONE POST STREET

 City-St-Zip:
 ALPAHRETTA, GA 30004
 City-St-Zip:
 SAN FRANCISCO, CA 94104

Title: T () Delete Title: AS (X) Change () Addition
Name: LESHYNSKI, CARYN D Name: WU, MELISSA

WU, MELISSA

 Name:
 LESHYNSKI, CARYN D
 Name:
 WU, MELISSA

 Address:
 1145 SANCTUARY PKWY STE 200
 Address:
 ONE POST STREET

City-St-Zip: ALPAHRETTA, GA 30004 City-St-Zip: SAN FRANCISCO, CA 94104

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SVP} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 PEAD, PHILIP M
 Name:
 CECIL, LORETTA A

 Address:
 1145 SANCTUARY PKWY STE 200
 Address:
 5995 WINDWARD PARKWAY

City-St-Zip: ALPAHRETTA, GA 30004 City-St-Zip: ALPAHRETTA, GA 30005

Title: AS () Delete Title: AS (X) Change () Addition Name: JONES, ROBERT Q Name: SHUFORD, ANNE J

Address: 1145 SANCTUARY PKWY STE 200 Address: ONE POST STREET
City-St-Zip: ALPAHRETTA, GA 30004 City-St-Zip: SAN FRANCISCO, CA 94104

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: MELISSA WU AS 05/05/2008