2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000441

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

4333 SHREVEPORT HIGHWAY

() Delete

SAN FRANCISCO, CA 94104 US

PINEVILLE, LA 71360 US

JULIAN, PAUL C

ONE POST STREET

Entity Name: MCKESSON AUTOMATION SYSTEMS INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4333 SHREVEPORT HWY PINEVILLE, LA 71360 US				2800 S. MCARTHUR DRIVE SUITE 100 ALEXANDRIA, LA 71303 US			
Current Mailing Address:				New Mailing Address:			
ONE POST	ENETTE BABE I ST., 33RD FI ICISCO, CA 9	Ĺ.					
FEI Number:	72-0509679	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	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 32301 US				THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US			
The above in the State		submits this statement for the pu	irpose o	of changing i	ts registered	office or registered agent, or both,	
SIGNATURE:				04/27/2006			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () PANTANO, DAN 700 WATERFR PITTSBURGH,	ONT DRIVE		Title: Name: Address: City-St-Zip:	PANTANO, DA	RTHUR DRIVE, SUITE 100	
Title: Name: Address: City-St-Zip:	VEACO, KRIST ONE POST STE			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	BABB, GLENET ONE POST STR			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	LOIACONO, NIC			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V ()	Delete		Title: Name:	AS (X	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

ONE POST STREET, 33RD FLOOR

() Change () Addition

SAN FRANCISCO, CA 94104 US

SIGNATURE: MELISSA WU AS 04/27/2006