

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000441

FILED  
May 01, 2009  
Secretary of State

Entity Name: MCKESSON AUTOMATION SYSTEMS INC.

## Current Principal Place of Business:

ONE POST STREET  
SAN FRANCISCO, CA 94104 US

## New Principal Place of Business:

## Current Mailing Address:

ATTN: MELISSA WU  
ONE POST ST., 35TH FL.  
SAN FRANCISCO, CA 94104 US

## New Mailing Address:

ONE POST ST, 35TH FLOOR  
ATTN: KAREN PINEDA  
SAN FRANCISCO, CA 94104 US

FEI Number: 72-0509679

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

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:

Title: PCEO ( ) Delete  
Name: PANTANO, DANIEL F  
Address: 500 CRANBERRY WOODS DRIVE  
City-St-Zip: CRANBERRY, PA 16066 US

Title: VSD ( ) Delete  
Name: BOGAN, WILLIE C  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: AS ( ) Delete  
Name: SHUFORD, ANNE J  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: VTD ( ) Delete  
Name: LOIACONO, NICHOLAS A  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: AS ( ) Delete  
Name: WU, MELISSA  
Address: ONE POST STREET, 33RD FLOOR  
City-St-Zip: SAN FRANCISCO, CA 94104 US

Title: D ( ) Delete  
Name: JULIAN, PAUL C  
Address: ONE POST STREET  
City-St-Zip: SAN FRANCISCO, CA 94104 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: MCCOMB, STANTON J  
Address: 500 CRANBERRY WOODS DRIVE  
City-St-Zip: CRANBERRY, PA 16066 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN M. PINEDA, ASSISTANT SECRETARY

AS

05/01/2009

Electronic Signature of Signing Officer or Director

Date