

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 MAY -5 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500036274995
05/13/04--01075--006 **3450.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000001255
1. Entity Name PAMI MCKESSON INC.

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2. Principal Place of Business 745 Seventh Ave Suite, Apt. #, etc.	3. Mailing Address 70 Hudson Street Suite, Apt. #, etc.
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City & State New York, NY	City & State Jersey City, NJ
Zip 10019	Zip 07302
Country	Country

4. FEI Number 13-4074714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name CORPORATION SYSTEM COMPANY	
Street Address (P.O. Box Number is Not Acceptable)	
1201 Hays Street	
City Tallahassee	Zip Code FL 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	KAREN E. BLAKELY	NAME	
STREET ADDRESS	745 7th Ave	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10019	CITY - ST - ZIP	
TITLE	V	TITLE	
NAME	BARRY J. O'BRIEN	NAME	
STREET ADDRESS	70 HUDSON ST	STREET ADDRESS	
CITY - ST - ZIP	JERSEY CITY, NJ 07302	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	JENNIFER MARRE	NAME	
STREET ADDRESS	745 7th Ave.	STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10019	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	JOSEPH J. FLANNERY	NAME	
STREET ADDRESS	745 7TH AVE.	STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 10019	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am and that my 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BARRY J. O'BRIEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 **201-499-6664**
Date Daytime Phone

TR

CR2E034B (12/02)