


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 001 ***150.00

DOCUMENT # F99000003261					
1. Entity Name WALGREENS HOME CARE, INC.					
Principal Place of Business 200 WILMOT ROAD DEERFIELD, IL 60015		Mailing Address 300 WILMOT ROAD, MS #3301 TAX DEPARTMENT DEERFIELD, IL 60015			
2. Principal Place of Business		3. Mailing Address 104 WILMOT ROAD, MS #1435			
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: TAX DEPARTMENT			
City & State		City & State DEERFIELD, IL		4. FEI Number 36-4100874	
Zip		Zip 60015		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OETTINGER, JULIAN A		NAME	DANA I. GREEN	
STREET ADDRESS	200 WILMOT ROAD		STREET ADDRESS	200 WILMOT ROAD	
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP	DEERFIELD, IL 60015	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, E.H.		NAME		
STREET ADDRESS	200 WILMOT ROAD		STREET ADDRESS	104 WILMOT ROAD	
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP	DEERFIELD, IL 60015	
TITLE	DSVP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, ALLAN M		NAME		
STREET ADDRESS	200 WILMOT ROAD		STREET ADDRESS	104 WILMOT ROAD	
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP	DEERFIELD, IL 60015	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, GREGORY D		NAME		
STREET ADDRESS	1417 LAKE COOK RD.		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEN, MARGARITA E		NAME		
STREET ADDRESS	300 WILMOT ROAD		STREET ADDRESS	104 WILMOT ROAD	
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP	DEERFIELD, IL 60015	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODBIDGE, DAVID J		NAME		
STREET ADDRESS	200 WILMOT ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP		
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Margarita Kellen</i>		MARGARITA E. KELLEN, TREASURER		04/20/05 847-315-4410	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	